

# **Evaluation of Central Advocacy Partners Survivors Project 2018-2021**

**An Overview Report of the Three-Year Evaluation of the Survivors Project**



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## **Acknowledgements**

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## **1 Introduction and background**

The relationship between disability and abuse is relatively well established in the literature and figures suggest that women with disabilities are more likely than their non-disabled counterparts to experience domestic abuse. Indeed, the European Union Agency for fundamental rights (2014) suggests that 50% of disabled women have experienced domestic abuse at some point in their life. The experience of women with learning disabilities who are currently or have historically experienced abuse is less well documented in academic literature although in a review of 29 articles focused on sexual abuse and learning disability, Byrne (2017), confirmed that adults and children with learning disabilities are at a higher risk of sexual abuse than the mainstream population.

Alongside this higher risk of domestic abuse, there appears to be a lack of resources available to support women with learning disabilities (Guardian, 2015). Existing research suggests that not only do adults with learning disabilities have limited knowledge of the services that might be available to them but also that agencies and professionals have limited knowledge of how to support adults with learning disabilities who are survivors of abuse (McCarthy et al, 2015). McCarthy and her colleagues also note that Police Officers, often the first point of contact in domestic violence cases do not generally consider that a learning disability makes someone more likely to experience abuse. In some cases, signs that someone may be experiencing abuse such as loss of money or refusing support may be attributed to the diagnosis of learning disability rather than to abuse. This can be viewed as a form of diagnostic overshadowing.

Evidence from the ongoing literature review carried out as part of this project suggests a number of approaches taken to assessing and supporting women with learning disabilities who have experienced domestic abuse (Dixon and Robb, 2012). In general, this focused on risk and did not always take account of individual strengths and social contexts. Meer and Combrink (2015), also note the challenges of hearing directly from women with learning disabilities about their experiences of domestic abuse and their voices have often been excluded.

With respect to identifying risk factors, there appear to be two key reasons why women with disabilities are more likely to experience abuse than those who are non-disabled. Firstly disablist attitudes towards women with impairments such as a perception that women with disabilities are dependent and/or weak and therefore easier to manipulate and dominate and secondly, exposure to a wider range of potential perpetrators, including care workers and personal assistants (Breckenridge, 2017).

Other risk factors include, isolation, loneliness, poverty, dependency as a result of disability and difficulties in identifying and naming incidents of abuse (Plummer and Findley, 2012). In addition to this, living in institutions, being dependent on support from formal and informal carers were also highlighted. The association with poverty is strong – although it is not clear whether it is disability or poverty that plays the major causal role in increased violence experienced by people with disabilities (Mikton and Shakespeare, 2014; Emerson and Roulston, 2014). Stigma and how women are perceived also seems to be particularly important as a risk factor and Meer and Combrinck (2015) argue that stigma renders women with learning disabilities as more vulnerable to victimisation.

A study by Pestka and Wendt (2014) has highlighted a link between childhood abuse and abuse as an adult, arguing that devaluation and rejection in childhood results in vulnerability to exploitation in adulthood. They reported, based on four narrative in-depth interviews with women with learning disabilities who had experienced domestic abuse that the women's search for belonging in adulthood

following childhood rejection led to their increased vulnerability to exploitation and abuse in domestic violence relationships. They further suggest that constructions of learning disability within a gendered discourse meant that domestic violence could be dismissed as a way of life or choice and as a personal problem. Brown (2003) also noted that services need to be mindful of the fall out of abuse experienced in childhood. This includes consideration of suggestibility and the effects of gendered power on the ability of women with learning disabilities to make sound decisions in their relationships and sexual lives.

McCarthy (2018) notes that often those who perpetrate abuse against women with learning disabilities do not themselves have learning disabilities and are generally more intellectually able. Where the male partner of mothers with learning disabilities have higher IQ's this is a risk factor for harm towards children and the mother. Limited knowledge of available support, or how to access support are significant risks, as is lack of appropriate support. This is exacerbated by the social and psychological isolation often experienced by women with learning disabilities that can reduce confidence and ability to seek support. These factors combine to increase the risk of abuse for women with learning disabilities.

These key issues are reflected in the experience of Central Advocacy Partners (CAP), an independent advocacy service for people with learning disabilities based in Falkirk, and working across Forth Valley, Scotland. Re-provisioning of local services has meant a prioritisation of advocacy provision based on criteria which often means that adults with learning disabilities are unable to access appropriate support unless they are subject to statutory legislation resulting in a gap in provision for women with learning disabilities who may be experiencing domestic abuse. The organisation had noted an increase in the number of women coming to their service for support for issues relating to domestic abuse (and these also often transpired during the course of other work). Yet, there appeared to be a lack of local knowledge among service providers over the exact numbers of women who had experienced or were experiencing sexual and/or domestic violence giving rise to a concern that this was a 'hidden group' who were missing out on appropriate provision. In 2015, CAP were able to identify that of the 270 people with learning disabilities, difficulties and autism that they worked with, 142 (more than 50%) identified that they had or were currently experiencing domestic or sexual abuse.

In response to these issues, CAP developed a Survivors' Advocacy Project to support women with learning disabilities who have or are currently experiencing such abuse to receive advocacy support. The project was funded as a pilot by The National Lottery Community Fund for three years from 2018 until 2021. As part of this work they commissioned an evaluation of the Survivors Project. The first year of work focused on; defining the parameters of the evaluation, designing the methodology to be employed, development of research tools, secondary data analysis of project documentation, completion of an initial literature review and undertaking data collection with workers, referrers and survivors. Years 2 and 3 consisted of an updated literature review, data collection with workers, referrers and survivors and secondary data analysis. The key questions being explored within the evaluation were:

- To what extent do referrers believe that women with learning disabilities who are experiencing/ have experienced abuse have been supported by the survivors' project and in what way?
- What benefits do women who have been referred to the service report?
- What have been the key challenges and opportunities for those delivering the service?
- What are the range of outcomes reported for those who have received support from the project at the end of the study period?

This overview report brings together the key themes from the three years of data collection and focuses not only on the findings from the evaluation but on the impact of those findings at a strategic and practical level to better support women with learning disabilities who experience domestic abuse.

The data gathered during this evaluation provides evidence of what works in supporting women with learning disabilities who have experienced domestic abuse contributing to the limited evidence base in this area. The evidence generated by this project should aid in promoting good practice and generating better outcomes for this group of women.

## **2 The Project**

Central Advocacy Partners (CAP) provides independent advocacy support to adults with learning disabilities across the Forth Valley area (Falkirk, Stirling, Clackmannanshire). The organisation provides independent advocacy support to people with learning disabilities, difficulties and or autism with a range of issues to have their voice heard, understand and contributes to decisions made that effect their lives and that of their families. As a member led organisation adults with learning disabilities are included in the management of the organisation via a strong governance structure.

As noted, Central Advocacy Partners received National Lottery Community funding for three years (2018-2021) to provide independent advocacy support to women with learning disabilities, difficulties and autism who have or had experienced domestic abuse. Two workers were initially employed to provide this service and it was anticipated that they would work with as many as 90 (15 per year per worker) adults over the course of the three years of the project. In reality, due to the complex nature of the work and the significant issues faced by women referred to the project the number of women worked with has been fewer and over a longer period of time. The main focus of the work with survivors is to support them to remain safe, link them into existing services and improve their access to such services as well as raising awareness of the key issues for women with learning disabilities experiencing these forms of abuse across mainstream service provision. (Funding was secured from the Delivering Equally Safe Fund managed by Inspiring Scotland on behalf of the Scottish Government allowing three advocacy workers to be employed to continue this project from October 2021.)

The key outcomes for the project were:

- People (usually women) with learning disabilities/difficulties learn to recognise abuse, to end violence in their lives and to understand their rights.
- People (usually women) with learning disabilities/difficulties are more aware of the options and services available to them and are using those services to seek help.
- People (usually women) with learning disabilities/difficulties understand information, and are empowered to make decision in their lives.

It should be noted that although the expectation was that the majority of those referred to the project would be women as indicated above, the project was open to supporting men with learning disabilities/difficulties who have experienced abuse although during the time of the evaluation no men were referred. Those without a formally diagnosed learning disability have access to the project removing the necessity for a formal diagnosis to access support.

## **3 Terminology**

The definition of domestic abuse adopted by the project that underpins their work is as follows:

*Domestic abuse is a pattern of controlling, coercive, threatening, degrading and/or violent behaviour including sexual violence, by a partner or ex-partner. Domestic abuse is overwhelmingly experienced by women and perpetrated by men. It doesn't matter how old someone is, what race or ethnicity they are, what class they are, whether or not they are disabled, or whether they have children – anyone can be a victim of abuse.*

Often when people think of domestic abuse they think of physical violence. An important part of the work undertaken by the project has involved educating women about the different types of abuse they might have experienced, acknowledging that no one kind of abuse is more serious than any other. Language in the literature reviewed varies between sexual abuse, domestic abuse, gender-based violence, intimate partner violence and many other terms. For reasons of consistency, we have used the term domestic abuse as this is the term used by the project in their definition outlined above, although when reporting on findings from particular papers it is necessary to adopt the terms used by those authors.

The terms learning disability, learning difficulty and learning need are often used interchangeably. For all of the women referred to this project, there was an identified learning need, whether that was a formal diagnosis of learning disability or not. Despite the lack of formal diagnosis for some of the participants in the project, the term learning disability is used throughout for ease of reference. However, as is to be expected, levels of comprehension and understanding varied throughout the group. Some of the women that we worked with during the project also had an Autism diagnosis.

Finally, the term institutional advocacy is used to describe the evolving model of practice adopted by the project. Institutional advocacy aims to challenge the constraints caused by policies or systems that do not adequately acknowledge or address the needs of particular groups. Advocates aim to do this in an appropriate and effective way to ensure the actions and outcomes needed to increase service user safety (in this case women with learning disabilities) is achieved. This can be done in a number of ways including offering training on how domestic abuse affects this group of women, attending agency staff meetings to discuss how systems can meet the needs of women with learning disabilities or meeting with policy makers to discuss more strategic changes needed. All of these options can and should include women with learning disabilities.

A Scottish Government report (2017, p.25) that focused on a national scoping exercise of advocacy services for victims of violence against women and girls noted that:

*The role of advocacy workers in a coordinated community response is predominantly operational but they also work strategically. As they negotiate the criminal justice/housing/social work/welfare systems, they form a picture of what is and what is not working. This contributes to plugging the gaps, overcoming barriers and improving system responses and processes (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011).*

This sums up well some of the work undertaken by advocacy workers as will be discussed in this report and was certainly the view of referrers to the survivors' project who considered that the work undertaken significantly raised the profile of women with learning disabilities experiences of domestic violence and the implications of this for services. They suggested that this institutional advocacy helped other services appreciate issues around communication, social isolation and lack of self-esteem and how these impacted on survivors' ability to engage effectively with services. It was also felt that the project promoted equality whilst challenging discrimination.

#### **4 Impact of Covid-19**

The Covid-19 pandemic meant significant changes for the way we all live our lives, and the way services are provided. For CAP and the Survivors Project, this has principally meant providing support remotely, via telephone or in open spaces, to this very vulnerable group of women with learning disabilities for whom weekly face to face contact with their advocate often provided a valued lifeline and advocacy support as well as social contact. The implications of the Covid-19 restrictions and their gradual lifting are explored in more detail below and reflected throughout the findings. It should be noted that the project’s funding was extended from its original end date in April 2021 to September 2021 to acknowledge the challenges of meeting expectations during the pandemic and the National Lottery Community Fund are to be commended for their support during this challenging period. The project has also since received funding to continue its work from October 2021 for two years from the Delivering Equally Safe Fund, a government fund administered by Inspiring Scotland, although the structure and format of the work will be reframed to respond to the findings from the evaluation as noted below.

## 5 Methods and Ethics

A multi-method, primarily qualitative approach was adopted. This has included:

- undertaking a review of relevant literature,
- face to face interviews with workers involved in the project (both formal and informal),
- creation and distribution of an online survey to referrers to the project,
- face to face interviews and focus groups with survivors,
- detailed case reviews for each survivor interviewed and
- telephone interviews with referrers and professionals with knowledge of the project.

Further detail of the methods employed is contained in the three individual yearly reports and Executive that can be found at <http://centraladvocacypartners.org.uk/projects/young.aspx>

An overview of data collection methods and numbers achieved for each is outlined in the table below:

**Table: Data collection**

	<b>Year 1</b>	<b>Year 2*</b>	<b>Year 3</b>
<b>Interviews with Survivors</b>	<b>12</b>	<b>3</b>	<b>10</b>
<b>Interviews with Referrers/Professionals</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Interviews with workers</b>	<b>6</b>	<b>3</b>	<b>6</b>
<b>Focus Groups</b>	<b>0</b>	<b>1 x</b>	<b>1 x</b>
<b>Case File Analysis</b>	<b>12</b>	<b>5**</b>	<b>10</b>
<b>On-line survey</b>	<b>7</b>	<b>5</b>	<b>6</b>
<b>Literature reviewed</b>			

\* As noted, data collection in year 2 was significantly impacted by Covid-19 restrictions, the implications of which are outlined elsewhere in this report.

\*\*The reason for additional case file reviews was that two women who participated in the focus group had not yet had their files reviewed.



The work was conducted to the highest ethical standards in ongoing consultation with the project's advocacy workers. This included ensuring appropriate easy read versions of material for participants, the provision of verbal input on the project where appropriate, rather than relying on written material and potentially discriminating or excluding those with limited literacy skills. Efforts were made to ensure that the timing of engagement with survivors would be dependent upon their own well-being and that no pressure would be brought to bear for anyone to participate. The needs and rights of the survivors were agreed to be paramount. It was further agreed that confidentiality would be adhered to in all data collection, with the proviso that this was limited by any disclosure which indicated that the participant or someone else was at risk of harm. A consent form which detailed the rights of the participants to confidentiality, to withdraw their data and to change their mind, was developed and approved by the advocacy workers. Finally, it was agreed that the advocacy workers would be available to debrief participants where they felt this was necessary, e.g. if someone became upset as a result of an interview.

## **6 Overview of key findings**

The following sections draw together key findings from the evaluation. Considerations for future practice/strategic development of services and supports for women with learning disabilities living with and after domestic abuse are also considered.

### **6.1 *Who are the women?***

Over the last three years it has been possible to paint a very detailed picture of the women who have received support from the Survivor's project. Although each woman's lived experience of both learning disability and of domestic abuse is unique to that individual, the women have shared a number of common attributes.

- All of the women who participated in the evaluation identified as having a learning disability or a learning difficulty of some kind, although they did not necessarily have a formal diagnosis.
- Women often had a dual diagnosis including an autism spectrum disorder or mental health problem such as depression, anxiety, post-traumatic stress disorder and unstable personality disorder.
- There was a broad spread of ages ranging from early to mid-twenties through to mid- sixties.
- The majority of the women had children and several of them had more than one child with the highest number being seven.
- Those women who were parents had often experienced complex/protracted child protection proceedings from which they often felt excluded and/or powerless.
- Often the make-up of the family was complex and there were many blended families; where the children were not living together or necessarily with a birth parent. At times this involved some kind of foster placement or kinship care arrangements
- The majority of the women had experienced child protection procedures and/or custody and access issues.
- Those who had experienced child protection processes felt they were associated with and blamed for their partners abusive behaviours.
- The women reported feeling blamed for their inability to protect their children, despite having limited or no support to do so.
- A significant number of the women had had more than one abusive partner and cycles of abuse both from within and external to their own families appeared common.
- The women described how their current or previous partners had controlled their behaviour which they found deskilling and disempowering, rendering them unable to make decisions

and/or to become independent of their abusers. This was often exacerbated when children were placed with an abuser extending their control over the life of the survivor and their access to their children.

- The women also reported difficulties in recognising their partners' behaviour as abusive. This was particularly true if the abuse did not involve physical violence, for example being unable to recognise non-consensual sex as rape or coercive control as a form of psychological abuse.
- Some women felt that they were deliberately targeted by their abusers because of their learning disability and the perceived vulnerability associated with this.
- The women experienced a variety of complex and challenging issues alongside domestic violence and/or sexual abuse including poverty, debt, homelessness, substance misuse and problems accessing supports in a range of agencies including education, social care, health and housing.
- Loneliness and isolation due to a range of issues including fear of their abuser and mental health problems associated with their experiences featured significantly as well as limited or no social networks.
- Many survivors expressed a desire to develop their social networks and suggested that building relationships with women who had shared similar experiences in group or individual settings was particularly helpful as a form of peer support.
- The majority of the women had previous negative experiences of mainstream services, due to poor access to support as well as not being listened to, not being believed or taken seriously. Mainstream services were, at times, thought to lack appropriate communication skills or a clear understanding of learning disability or the particular issues faced by women with learning disabilities who were survivors of domestic abuse.
- A number of women reported being harassed and bullied as well as experiencing stigma. This appeared to be the result of perceived vulnerability due to having a learning disability, being housed in disadvantaged neighbourhoods with high levels of social problems as well as being found to be guilty by association with their abusers.

## **6.2 *Types of abuse experienced***

All of the women had experienced abuse of one kind or another with the most common being physical, sexual, financial and psychological abuse or a combination thereof. For many of the women the abusive relationship had lasted for many years. Although none of the women reported currently being in a relationship with their abusive partner, they had on-going difficulties regarding contact with their former partners and a great deal of work was done to support women to develop strategies to keep themselves safe. There was a sense of normalcy around abuse identified by the participants and it was not uncommon for the women to move from one abusive relationship to another. Many of the women had no experience of a positive relationship and it was difficult, therefore, for them to identify abuse. Several had limited awareness that they had been abused prior to working with the Survivor's project.

All of the women could remember the reason for ending the relationship, for example; arrest and imprisonment of their partner, feeling great fear for their safety or that of their child, child protection concerns and the risk of losing their child. Most of the women had endured abuse over lengthy periods before leaving their relationships. Historic abuse was also prevalent in the sample group, for many the abuse started in childhood and often progressed to a series of abusive relationships in adulthood.

There were a number of risk factors identified during the evaluation that meant that women with learning disabilities were more likely to be abused. These include the perceived vulnerability, social

isolation and loneliness and lack of positive role models and relationships discussed above. Social media was also an important risk factor. On the one hand it was a useful tool to enable the women to remain connected to extended family and friends as well as a means to receive support during the pandemic. On the other, it posed an element of risk for the women and was used by abusive partners and ex-partners to track the women down or to post abusive content about them. Advocacy workers' played an important role in educating and supporting the women to learn about internet safety, empowering them to make informed choices in this respect.

### **6.3 An overview of the project**

The support provided by the advocacy workers has been comprehensive and flexible thus reflecting the complex range of issues and needs presented by the women. Women were often referred to the service by social workers or other mainstream service providers who felt they did not have the resources, time or expertise to adequately support the women. Some of the women self-referred to the project after receiving previous support from CAP as part of the Young Person's or Parenting Projects.

CAP have been uniquely placed to offer intensive yet flexible advocacy support to women. On average the women have been seen by their advocates around once a week although this often intensified around specific events such as court cases or child protection proceedings. There were also times when the women felt unable to engage due to poor mental health or other family issues. The advocacy workers were supportive and understanding during these times. Issues such as poor housing, poverty, poor physical and mental health, isolation and legal concerns often exacerbated the situations that the women found themselves in and the workers learned quickly that these contextual issues had to be dealt with before any work could take place on the key issues related to the abuse. Key tasks undertaken to support women around abuse included support to identify abusive behaviours, support to develop strategies to keep safe, support with post-traumatic health concerns and planning for moving on. The support provided within the project is a relationship-based model of advocacy and flexible enough to allow workers to spend time with survivors to build trust as well as helping to ensure their understanding is enhanced and relevant contextual issues are considered and addressed. It has been possible to categorise the support provided by the project as follows:

**6.4 Advocacy:** Supporting survivors to navigate their way round different agency processes, develop better relationships with professionals and other agencies often via improved communication, co-ordinate and attend meetings, translate lengthy complex and inaccessible material often provided at short notice, attend court hearings and give evidence and refer women onto other relevant support.

**6.5 Informing:** Raising awareness about abuse by sharing knowledge, information and experience to empower survivors to make more informed choices in the future, with a focus on the features that make safe and positive relationships. Survivors indicated that they felt much clearer about what constituted abuse and were able to provide examples when asked and to give advice to others. It should be noted, however, that the advocacy workers were clear that repetition of messages would be required to ensure continued safety as there were concerns that messages would fade over time or with the influence of abusive parties exerting coercive control.

**6.6 Awareness raising:** Working with agencies to raise awareness of the needs of Survivors. This raised the profile of the needs of this group of Survivors' significantly and helped those agencies appreciate issues around communication, social isolation and lack of self-esteem and how this impacted on the survivor's ability to engage effectively with services and promoted equality whilst

challenging discrimination. This work had a particular focus on raising awareness of specific issues around learning disabilities.

**6.7 Keeping safe and ending abusive relationships:** Working with the women to develop safety plans so that they could keep safe now and in the future. This involved a range of practical tasks such as liaising with the local police to ensure that the women's property was marked or flagged to alert local community police to keep a closer eye on things when carrying out their local patrols, on-line safety advice and steps to take if feeling threatened.

**6.8 Developing social networks:** For many of the survivors their relationship with their advocacy partner was their first experience of a trusting, positive relationship, again this reflects the relationship-based advocacy model adopted in the project. Workers also supported survivors to identify a range of opportunities to develop friendships and social networks within their own community.

**6.9 Signposting and relationships with other agencies:** Support was provided with referring onto other appropriate local services and agencies and building relationships with staff.

Where women had sought support from mainstream agencies, such as social work, domestic violence services, criminal justice services and health services, they reported often feeling misunderstood, let down and not listened to. It is significant that the women noted improved relationships with other agencies once they had the support of an advocacy worker. They felt listened to, taken seriously and their communication needs acknowledged and accommodated. One particular issue noted by the workers was that often the Survivors found it difficult to hear positive messages, focusing only on the negatives, which further reduced their self-confidence. By debriefing after meetings Advocacy workers were able to ensure positive messages were reinforced enhancing the Survivors' understanding of processes and enhancing their relationship with mainstream services and professionals.

#### **6.10 Lessons learned**

A number of important lessons have been learned about how best to support women with learning disabilities who have experienced domestic abuse. Perhaps most important is acknowledging the need to build support around trusting relationships that focus on the women's strengths. As discussed above, many of the women who have received support have had very few positive relationships in their lives and have had difficult relationships with other service providers. This leaves women more vulnerable to abuse, less likely to seek support and to be dismissed as unwilling to engage. By offering an approach that allows for time to develop relationships and flexibility to offer more support when needed yet understanding when women are unable to engage, the Survivors project has established successful, therapeutic relationships that have supported women with learning disabilities to leave abusive relationships, increase their understanding of abuse and put in place strategies to keep themselves and their families safe. Offering survivors the opportunity to meet with other women with learning disabilities has also played an important role in developing peer support and reducing social isolation. Referrers, advocacy workers and survivors have reported increased self-esteem and confidence, resulting in better relationships with staff in other agencies. It has also become clear that for many Survivor's where learning disability is present, repetition of messages and ongoing positive reinforcement is necessary, meaning support may be required over a longer time than is possible in mainstream services until natural support networks can be established and built on.

### **6.11 What makes the project unique?**

In sum, there are three key features which make the project unique. Firstly, the funding model employed has meant that there has been less pressure to close cases after a set time period or after a period of non-engagement. This has been vital given that the trusting relationships developed between the advocacy workers and their partners takes time, hard work, persistence, flexibility and understanding. This long term and often intensive support is something that other services in the local area acknowledged that they did not always have the capacity to provide. Secondly, the unique skills set developed by workers that combines knowledge and expertise of both learning disability and gender-based violence has been invaluable. Again, this combined skills set has not been readily available in other services or agencies. The advocacy workers have used their skills to develop a model of advocacy that is both intensive and flexible and has supported women to increase their ability to protect themselves and enhance their knowledge of domestic abuse. By ensuring that the principles of independent advocacy have been central to any work or intervention, workers have adopted a strengths based approach that involves listening to the women and supporting them to make decisions that will help them to keep safe. They have also supported the women by advocating on their behalf and supporting them to develop the skills to do this themselves in other settings including in formal court proceedings and in meetings with other agencies. This has resulted in women developing more positive relationships with others as well as being more likely to be listened to and taken seriously. Workers have also taken on an important institutional advocacy or campaigning role that has involved highlighting the specific needs of women with learning disabilities who experience domestic abuse, raising awareness, sharing information and respectfully challenging where appropriate. Finally, throughout the evaluation, the women that we worked with shared an eagerness to meet with other women who had shared similar experiences and a willingness to share their own expertise and knowledge to support others. Thus, peer support and an acknowledgement of the women's capacity to support others adds a further unique aspect to the support that is provided. The woman felt validated. This group work approach is an area that workers and the women supported were keen to develop going forward.

### **7 What next for Survivors?**

The evidence gathered during the first three years of the Survivor's project suggests that women with learning disabilities who experience domestic abuse need specialist support that can offer more flexible and longer term support than is available currently in most statutory or mainstream services. The good practice evidenced by the Survivors project suggests that this specialist support focuses on building trusting relationships that acknowledges the strengths of women with learning disabilities alongside their particular support and communication needs. The provision of independent advocacy support can help women to develop their self-confidence as well as enhancing their understanding of what constitutes domestic abuse and strategies on how to keep safe. It can also provide a bridge to better relationships with other agencies and ensure good outcomes for the women.

It has become clear that the abuse of women with learning disabilities does not take place in a vacuum and that the issue cannot be tackled without also tackling the poverty, poor mental and physical health, loneliness, stigma and discrimination that women with learning disabilities also often experience. Findings from the evaluation suggest that women with learning disabilities experience deeply entrenched cycles of abuse, often from an early age. This suggests that broader, structural changes are needed alongside the specialist support provided by the Survivor's Project for meaningful change to take place. A contribution to this structural change would be greater availability, awareness and understanding of what independent advocacy can offer alongside the limitations.

## 8 What needs to change at a practice level?

While it is argued here that specialist support such as that provided by the Survivor's project is necessary to effectively support women with learning disabilities who experience domestic abuse, there are a number of steps that mainstream services can take in order to make their services more accessible for people with learning disabilities.

**8.1 *Effective communication:*** Evidence from the evaluation and from the broader literature review highlight the very specific communication needs of women with learning disabilities who experience domestic abuse. There are a number of key aspects that must be considered here around simple and clear messaging, reinforcement of key points both verbally and in writing and repetition of message. Many good practice guidelines have been written on communicating with people with learning disabilities (see for example, [Mencap](#)) but these may need to be adapted to specifically tackle issues around domestic abuse to consider aspects such as safety and ensuring that any work being carried out does not add to any risk being experienced by the women. [Safe Lives](#) have produced a blog on making services more accessible to people with learning disabilities and Public Health Scotland have published guidance to support professionals working in this complex area of practice.

**8.2 *A focus on relational support:*** Many of the women who have worked with the Survivor's Project have had little experience of positive relationships either with professionals or in their personal lives. As a result, they often arrive at the service lacking in confidence and with limited trust in others. Practitioner's working in this area must recognise that trust needs to be built between both parties in order for any meaningful therapeutic work to be carried out. Evidence from the literature and from respondents throughout the evaluation suggest that building trusting relationships is vital. Evidence suggests that this can be a lengthy process that requires flexibility, understanding and tenacity. Simple steps such as calling or visiting at the agreed time or explaining the reasons for being unavailable are important as is a recognition that, at times, women will feel unable to engage. Further, recognising strengths and shared interests can also help to establish trust.

**8.3 *Recognising barriers:*** Women who participated in the evaluation told us about a number of barriers that they have faced when trying to access support. They reported a limited awareness of services that might be available to support them, suggesting a need for greater awareness raising by services as well as the provision of information about their services in an accessible format. They also reported a lack of understanding among staff in mainstream services about their learning disability. Often they did not feel properly listened to and found it difficult to admit when they did not fully understand the information they were given. They also reported feeling dismissed or not believed by professionals such as the police or social workers and there were a number of examples where women told us that they felt that professionals took the side of their abuser as a result of their learning disability. This was evidenced in a number of instances where the children of the women were placed with the abuser, despite evidence of harm.

**8.4 *Informing and awareness raising:*** As mentioned at several points in this report the advocacy workers from the Survivor's project have undertaken an important role in supporting women with learning disabilities to be fully informed and develop a greater understanding of domestic abuse and abusive behaviours as well as strategies for keeping safe. Staff from other projects might wish to incorporate part of this function into their own work when supporting women with learning disabilities. We acknowledge that there are existing programmes to enhance understanding of issues relating to domestic abuse and these could be adapted to better meet the needs of women with learning disabilities. In addition, workers have taken on an institutional advocacy role, this has involved raising awareness of the intersecting needs of women with learning disabilities who also

experience gender based violence. These needs are often complex and it has been suggested here that domestic abuse cannot easily be separated from the broader social context (that often features oppression and discrimination) in which many women with learning disabilities live their lives. Mainstream services have an important role to play in acknowledging these issues, supporting women to deal with them and raising awareness of this with others.

**8.5 Outreach:** The importance of outreach work was really highlighted during the Covid-19 pandemic, when many of the women that took part in the evaluation told us about the services and support they received that had been paused or terminated. The Survivor's Project advocacy workers were able to overcome this by visiting women in their garden or going for a walk while discussing key issues. This illustrates the need to meet with women on their own terms, acknowledging that it is not always possible for women to engage with workers in formal service settings which they may find intimidating.

In this section we have aimed to highlight the ways in which mainstream services can adapt their provision to be more accessible to women with learning disabilities. We would argue that by taking these suggestions on board and adapting in this way services will be more equipped to serve not only women with learning disabilities but all of the populations they serve. More accessible services will be of benefit to everyone. It is important to note however that some of the key barriers that have been discussed in this report around funding and lack of flexibility will not be easily overcome. Nor is it likely that all mainstream services will be able to offer the specialist expertise of both learning disabilities and domestic abuse that specialist services like Central Advocacy Partners Survivors Project can provide. Therefore it is likely that specialist services will continue to be necessary to support this group of women if they are to be protected and supported to live lives free of violence and abuse.

The provision of relationship based independent advocacy has been central to the success of the Survivors' Project. Being structurally, financially and psychologically removed from other services has engendered trust between the advocates and the women and enabled them to exert control over their own lives. It has, further, enabled their voices to be heard in often complex and distressing circumstances facilitating greater participation in important processes that affect their everyday lives such as child protection and custody hearings. This increased participation has, in some cases, enhanced the women's relationships with statutory workers. Signposting to other support services to deal with the day to day challenges such as problems with housing and finance has also "cleared the way" for the women to increase their awareness of healthy relationships and to develop the skills to identify unacceptable behaviour for the future. A key aspect, therefore, of any future work with this group of women should be the provision of independent advocacy.

### **Conclusion: The invisibility of women with learning disabilities who experience domestic abuse**

Bringing the evidence together from across all three years of the study, it is possible to identify barriers at three levels that make women with learning disabilities more likely to experience domestic abuse. At the individual level women do not always recognise that they are being abused, often as a result of a history of long periods or cycles of abuse or a lack of positive relationships. This is particularly the case if the abuse is not physical in nature. Secondly mainstream services often do not recognise the particular needs of women with learning disabilities and/or unintentionally overlook them. This is further exacerbated by complex funding mechanisms and eligibility criteria which mean that women may not be able to access the long term, often intensive support that they need. Finally at a more strategic level, women with learning disabilities who experience domestic abuse have been largely absent from policy developments as well as in academic literature (with a few notable exceptions),

thus rendering the needs and voices of these survivor's invisible and invalidating their experience to some extent. The inclusion of women with learning disabilities in future research on domestic violence is critical (Murray, 2018); to ensure the authentic voice and experience of the women co-produces the knowledge that influence changes in policy and practice to better meet their needs.

When considering Scotland's key strategy for tackling violence against women and girls, *Equally Safe*, (Scottish Government, 2016) only limited attention is given to disabled women and girls and there is no acknowledgement of the very specific needs of women and girls with learning disabilities. Likewise, a Fairer Scotland for Disabled People (Scottish Government, 2016) did not make specific reference to learning disabilities, although the progress report published in March 2021, suggests that work is underway to look at gender based violence and learning disabilities. Important work has been carried out to improve education on sex and healthy relationships, sexual and reproductive health for people with learning disabilities, with key messages being adapted into an easy read version.

While these developments are positive, unless policy makers and service providers recognise the very specific support needs of women with learning disabilities they are likely to continue to be exploited and abused as part of a broader cycle of oppression and discrimination. We therefore argue, based on the findings of this three year evaluation that change is needed at a national policy level as well as a local service level. The experiences and support needs of women with learning disabilities need to be acknowledged at policy level and included in discussions about how to tackle violence and abuse. While there are many agencies who are well placed to take on this work and to amplify the voices of women with learning disabilities, in reality they continue to be excluded and their experiences left out of key discussions, debates, policies, recommendations and action plans, although there are some signs of change. It is important that the knowledge of organisations such as Central Advocacy Partners who have spent the last three years working with survivors of domestic abuse who also have learning disabilities are included in these discussions and debates. Their specialist advocacy skills and relationship-based model, knowledge and expertise are a valuable resource as is the institutional advocacy role that they can perform.

At a local level, services and individual practitioners can adapt their work using the guidance and evidence outlined in this report and in a recent [IRISS Insight](#) on the topic based on the work undertaken by CAP and others to support their practice. We suggest that in doing so they will make their services more accessible and effective for all women, not only for those with learning disabilities. Mainstream practice that takes greater account of the particular needs of women with learning disabilities working alongside and in partnership with specialist organisations such as CAP would appear to offer the most effective way of supporting women with learning disabilities who experience domestic abuse.



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