# UNEQUAL, UNHEARD, UNJUST: BUT NOT HIDDEN ANYMORE.

Women with Learning Disabilities' Experience of Gender-Based Violence in Scotland











#### **TRIGGER WARNING:**

The contents of this report detail instances of severe sexual and physical assault and violence, as well as details of emotional abuse and coercive control. This report may cause the reader distress. As a result, SCLD would suggest taking breaks away from this report when reading, if needed.

If you have experienced gender-based violence and abuse and become distressed at this report's content, you can call some phone lines.

These include:

#### **Rape Crisis Scotland: 08088 01 03 02**

This helpline offers confidential short-term, crisis and initial support. Calls do not show on your bill.

#### **Breathing Space: 0800 83 85 87**

Breathing Space is a free and confidential phone line for anyone in Scotland over 16 who feels low, anxious or depressed.

#### Samaritans: 116 123

Samaritans offer free, confidential advice 24 hours a day, 7 days a week.

If you feel scared of your partner or are worried about someone you know, get in touch with Scottish Women's Aid 24-hour Domestic Abuse and Forced Marriage Helpline on 0800 027 1234.

You can also contact your local police station by calling <u>111</u> (in Scotland) if you are worried about yourself or someone you know is experiencing gender-based violence or abuse.

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#### 1. FOREWORD FROM PEOPLE FIRST (SCOTLAND)'S EQUALLY SAFE GROUP

So often women with learning disabilities are forgotten or ignored. People's ideas of who we are and what we can do, mean that we are always underestimated. It also means many people don't expect us to want or have romantic and sexual relationships.

This puts us at risk. We don't get the same education and information other girls and women get while growing up.

It means support services for women experiencing abuse might not expect to support a women with a learning disability.

We are the experts. We are the ones living in this world and can share our experiences. People need to recognise we have feelings and wants. We want relationships and family life. It's not right for professionals to take those rights away.

A lot of times women with learning disabilities who reach for support are put through more pain after abuse, because we are not listened to or believed.

Many women with learning disabilities share the experience of not being treated like a citizen with the same human rights as anyone else.

This impacts us for the rest of our lives and those closest to us. It can stop us from being able to trust.

We hope this report will be the start of real change that will help women with learning disabilities.

We want people to listen to what we have to say and share what's been learned.

We hope that professionals and others get training so they can understand and support us better. That this training is led by people with lived experience.

We need people to think of other options and be flexible. Listen to what we want to do and don't assume what is best for us.

We want to be believed.



#### 2. INTRODUCTION

"You very seldom hear them talk about this group of women.
You don't hear discussions about it anywhere. It's as if they don't
exist. I didn't mean to say that in a bad way, but that's how it
comes across to me. If there's anybody out there,
that's how they are looking at it. It's really bad."

#### (Service Provider; 2022)

Women with learning disabilities who have experienced gender-based violence in Scotland have been invisible for too long. Their experiences, stories and collective trauma have often been overlooked in legislative and policy discussions on eradicating gender-based violence in Scotland and advancing gender equality. However, women with learning disabilities have now taken a stand. They have said, 'we will not be hidden anymore'.

Between 2021 and 2022, as part of SCLD's 'Gender-Based Violence and Learning Disability' Project funded through Delivering Equally Safe, SCLD worked with People First (Scotland) to develop and conduct research that explores women with learning disabilities' experience of gender-based violence and of accessing support and justice.

This research is critical because of the lack of information and data available, which, in turn, can lead to invisibility, hindering the development of robust legislation and policy.

Despite a lack of pre-existing data, what we do know is what women with learning disabilities have told us themselves.

Women with learning disabilities continue to experience pervasive barriers to support and justice following experiences of gender-based violence and abuse. This is often compounded by the fact that they do not want to report gender-based violence due to fear of negative assumptions about their abilities and restrictive legislative measures.

In 2004 a Social Work Services Inspectorate report uncovered several incidents of sexual abuse and neglect of three people with learning disabilities spanning over 30 years in the Scottish Borders (Scottish Executive, 2004). This led to the creation of

Adult Support and Protection legislation. Since then, understanding and awareness of gender-based violence have increased, and legislation and policies have been developed to protect women and girls from violence and abuse<sup>1</sup>. The UK also became the 37th state to ratify the Istanbul Convention, which is the Council of Europe's Convention on preventing and combating violence against women and domestic violence. Despite this, we are yet to see a comprehensive legislative, policy and practice approach to addressing violence against women and girls with learning disabilities.

The Scottish Government has committed to developing a new Human Rights Bill, which will incorporate several international treaties to underpin Scotland's mission to ensure women and girls live free from all forms of violence and abuse. This will include the Convention on the Elimination of All Forms of Violence Against Women and Girls (CEDAW, UN, 1979) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, UN, 2006). This sits alongside the Scottish Government's commitment to creating a Learning Disability, Autism and Neurodiversity Bill and Commission/er as a mechanism to ensure rights violations facing this population are addressed.

SCLD are cognisant that for the UK to comply with the Istanbul Convention (Council of Europe, 2014) and for Scotland to successfully progress in becoming a world-leading human rights-respecting nation, women with learning disabilities who have experienced gender-based violence cannot be ignored. Action must be taken to address their needs.

This report aims to shine a light on women with learning disabilities' experiences of violence and abuse and the barriers they face in accessing support and justice.

Based on the findings and, most critically, on what women with learning disabilities told us, this report proposes a way forward in Scotland to achieve lasting change for all women and girls, including those with learning disabilities, so that they can live free from violence and abuse.

<sup>1</sup> Domestic Abuse (Scotland) Act 2018 Scottish Government (2018) Scottish Government (2019a) Scottish Government (2021b)

#### 3. METHODS

There were two overarching aims to this research. The first was to understand, as far as possible, women with learning disabilities' experiences of accessing support and justice when having experienced gender-based violence in Scotland. The second was to understand the issues that influence service providers' decisions when supporting women with learning disabilities.

To achieve this, we designed our research project to answer the following questions:

- How accessible are gender-based violence services and routes to justice for women with learning disabilities in Scotland?
- What services and delivery would benefit women with learning disabilities who have experienced gender-based violence in Scotland?
- To what extent do existing policies and legislation present barriers to women with learning disabilities accessing support for gender-based violence in Scotland?
- Are Adult Support and Protection procedures the best route to take when supporting women with learning disabilities who have experienced gender-based violence?

A mix of qualitative and quantitative research methods were used:

- A literature review of the existing evidence on this topic.
- Primary research comprising semi-structured interviews with women with learning disabilities, semi-structured interviews with public and third-sector women's services and a focus group interview with learning disability professionals working in a Health and Social Care Partnership.
- A Freedom of Information request was sent to local authorities and the Scottish Government to gather information about their use of the Adult Support and Protection (Scotland) 2007 Act to support women with learning disabilities who had experienced gender-based violence.
- Data analysis of the freedom of information request and a thematic analysis of the interviews detailed in 2) above.



#### 3. Methods

#### FREEDOM OF INFORMATION REQUEST

A Freedom of Information (FOI) request was submitted to all 32 local authorities in Scotland, and the Scottish Government, in May 2022. 28 local authorities responded. The purpose of the FOI was to gather data about the outcomes of Adult Support and Protection (ASP) and MARAC (Multi-Agency Risk Assessment Conference) referrals for women with learning disabilities who experienced gender-based violence in Scotland in 2021. Questions were themed around the number of ASP and MARAC referrals for women generally, for women with learning disabilities and for women with learning disabilities who had experienced gender-based violence<sup>2</sup>.

#### RECRUITMENT OF PARTICIPANTS

We began by approaching a range of service providers, including advocacy services, that support women who have experienced gender-based violence. We did this through the Scottish Women and Girls with Learning/ Intellectual Disability Gender-Based Violence Steering Group. This was to provide information about the research process and purpose, build rapport, and establish trust.

Organisations were invited to support the research either by taking part in the research themselves or by recruiting and supporting women with learning disabilities to take part.

This was followed up with written information about the research and meetings with those who expressed an interest in taking part to clarify information, answer any questions and generally offer support.

When participants were recruited and consented to be involved in the research, interviews were arranged according to the participant's preferences regarding time, location and support requirements.

### SEMI-STRUCTURED INTERVIEWS WITH WOMEN WITH LEARNING DISABILITIES

Four semi-structured one-to-one interviews were conducted with women with learning disabilities who had experienced gender-based violence.

Interview questions were based on the four key research questions and allowed for additional discussion. The questions were organised by theme and were shared with participants one to two weeks before scheduled interviews<sup>2</sup>. This allowed the women time to prepare, ask additional questions, and request necessary adjustments.

Interviews lasted between one and two hours and were conducted in person with two of the women and online via Microsoft Teams with the other two. This was in line with their individual preferences.

One of the participants chose to attend alone, one with her social worker, and two participants decided to attend with their advocacy worker. The person who chose to participate with her social worker was also subject to a guardianship order when attending her interview. No coercion was observed, and the social worker offered reassurance and support.

No-one else was subject to any legislative measures when attending their interviews. Participants were also offered support from SCLD's Gender-Based Violence Project Adviser and advocates, where appropriate, during and after their interviews<sup>3</sup>.

<sup>&</sup>lt;sup>2</sup> See Appendix 3

<sup>&</sup>lt;sup>3</sup> See Appendices 1 and 2

#### 3. Methods

#### **SEMI-STRUCTURED INTERVIEWS** WITH SERVICE PROVIDERS

Seven one-to-one interviews were carried out with a range of service providers. This included two generic public services, forensic health and criminal justice services.

The five other interviews were with third-sector support services. Three deliver frontline services, including emotional, practical and advocacy support. One service provides legal information, advice, representation and advocacy support. The other service advises frontline workers on supporting victims of commercial sexual exploitation.

Interviews lasted between half an hour and one and a half hours online via Zoom or Microsoft Teams.

Co-researchers from People First (Scotland) and their support workers also attended some interviews and asked questions. Interview questions were always based on our four key research questions and allowed for additional discussion.

#### FOCUS GROUP WITH NURSING AND SOCIAL WORK STAFF

Eight professionals took part. One of the participants was a Registered Social Worker working in a community learning disability team, seven were Registered Learning Disability Nurses, six of whom worked in community learning disability teams in various locations, and one worked in an in-patient setting.

The focus group took place via Microsoft Teams and lasted for one and a half hours. Again, a co-researcher from People First (Scotland) and her support worker attended the interview. Interview questions were based on our four key research questions and allowed for additional discussion.

#### INTERPRETING THE FINDINGS

#### FREEDOM OF INFORMATION REQUESTS

Responses from the Freedom of Information requests were logged using Microsoft Excel and summarised in Section 5 of the report.

#### SEMI-STRUCTURED INTERVIEWS AND FOCUS GROUPS

Raw data from the video and audio transcripts of interviews with women with learning disabilities were analysed inductively using thematic analysis to formulate our report. This involved the following processes:

- FAMILIARISATION: Transcribing video/audio, reading through the text, taking initial notes, and generally looking through the data to get familiar with it.
- **CODING AND GENERATING THEMES: Highlighting text sections,** developing themes to describe their content, and reviewing them.
- WRITING UP: Addressing each theme by describing their commonality and meaning, including examples from the data as evidence.

#### ADDITIONAL CHALLENGES AND LIMITATIONS

This small-scale study is not intended to produce a comprehensive examination of the experiences of all women with learning disabilities who have experienced genderbased violence or the services that support them. Each woman is an individual. It is impossible within the limitations of such a study to do justice to everyone's experience. This research aims to examine the collective themes within the participants' experiences of accessing support and justice for gender-based violence in Scotland.

Difficulties in recruiting and arranging interviews with women with learning disabilities significantly impacted the research timescale. This resulted in a limited number of women taking part. Contributing factors included family problems and priorities, illness, and organisational changes, such as staff recruitment and retention issues.

The information received from Freedom of Information requests was limited due to several factors. Terminology used to describe processes and procedures relating to both Adult Support and Protection and gender-based violence varied between local authorities. There was also variance in what data they collect at both individual and population level.

No data was collected by the Scottish Government that would allow us to discern the number of women with learning disabilities who had experienced gender-based violence.

<sup>&</sup>lt;sup>4</sup>Allowing the data itself to determine themes.

#### 4. LITERATURE REVIEW



In Scotland, there has been a move towards incorporating several international human rights treaties into law and policy, including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, UN, 2006), and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, UN, 2016), article 2. This is particularly relevant for women with learning disabilities who have experienced gender-based violence as they are disproportionately affected (US Department of Justice, 2015) yet are often absent from academic literature, policy and service responses. Exploring the available evidence base that sets out the experience of women with learning disabilities who have experienced gender-based violence is therefore timely.

This literature review will be informed by a rights-based approach that has been fundamental to the development of Scotland's policy and legislative framework (Scottish Government, 2015). This will aid in building a comprehensive evidence base to support policymakers and service providers to respond to this group of women's needs and protect their human rights. The intention is to set the context for the wider report and to examine the evidence which suggests that this group of women are more likely to have their rights eroded.

The review will begin by identifying challenges with the existing evidence base before setting out the Scottish policy, legislative and statistical context. We will then report key findings from the review thematically with a particular focus on risk factors, experiences of abuse, facilitators and barriers to support, before considering good practice and areas for development.

#### PREVALENCE RATES AND TYPES **OF VIOLENCE AND ABUSE**

It is difficult to establish prevalence rates for gender-based violence among women with learning disabilities and people with learning disabilities are routinely absent from most statistics and data gathered.

The European Union Agency for Fundamental Rights (2014) suggests that 50% of disabled women have experienced domestic abuse at some point in their life, although it does not differentiate these figures for women with learning disabilities. More recently, a meta-analysis of existing evidence found that women with disabilities were more likely to be victims of sexual assault (Amborski et al. 2021) and that those with sensory impairments appeared to be most at risk. A recent systematic review and meta-analysis by Tomsa et al (2021) further reported that 1 in 3 adults with learning disabilities experienced sexual abuse in adulthood and that the UK had the highest prevalence rate at 34.1%. The researchers identified relevant studies from eleven countries globally, suggesting that this is one of the most comprehensive studies of this nature to date.

The Office of National Statistics (2018) suggested that 40% of women and 20% of men with a long standing illness or disability have experienced partner abuse, 16% of women and 2% of men with a long-standing illness or disability have experienced sexual assault by a partner, and 17% of women with a long-standing illness or disability have experienced stalking by a partner. At a local level, a small-scale study in Glasgow (Wisewomen, 2015) found that 73% of the 62 participating disabled women had experienced domestic abuse, and 43% had been sexually assaulted.

When looking specifically at learning disability, further consideration of global rates of gender-based violence, suggest that 90% of women with learning disabilities have been subjected to sexual abuse, with 68% experiencing sexual abuse before turning 18 (Office of the High Commissioner for Human Rights, 2017). Indeed, international studies demonstrate that people with a learning disability may be 10 to 12 times more likely to experience sexual assault than their non-disabled peers (US Department of Justice, 2015).

Despite the lack of robust statistical evidence specifically on learning disability and gender-based violence, McCarthy (2014) suggested that the risk may be even greater for women with learning disabilities than is it is for women with other disabilities.

#### CHALLENGES WITH THE EVIDENCE BASE

Despite a growing awareness of the issues faced by women with learning disabilities there is no single robust data set on women with learning disabilities experiences of accessing justice in Scotland. There is also a lack of disaggregated data produced on the experience of people with learning disabilities in health and across social, economic, and political life. In terms of intersectional impacts, the data is even poorer (Scottish Government, 2017) and the Fraser of Allander Institute (2021) have arqued that

"Without better data to underpin policy-making, Scottish Government ambitions to improve the lives of adults with learning disabilities are unlikely to be realised."

The experience of adults with learning disabilities who are currently or have previously experienced sexual abuse and/or gender-based violence is not well documented in academic literature (MacIntyre and Stewart, 2022). Much of the existing research is focused on 'disability' as an umbrella term, without clear definition over which impairments are included. This has resulted in the invisibility of people with learning disabilities, whose experiences are often distinctive.

Inconsistencies in definitions used as well as ethical issues around conducting research with those with learning disabilities on sensitive topics (Mikton and Shakespeare, 2014) mean that the experiences of this group are often overlooked. For example, in a systematic review of literature on prevalence of partner violence against people with learning disabilities, Bowen and Swift (2019) found only six poor quality articles of relevance. They suggest that the majority of studies focus on physical disabilities or sensory impairment rather than learning disabilities, limiting their usefulness.

Meer and Combrinck (2015) noted the challenges of hearing directly from women with learning disabilities about their experiences of gender-based violence due to concerns around re-traumatisation by making the women relive their experience and

challenges related to ensuring informed consent. As a result, studies often focus on the experiences of carers or professionals as secondary sources, further diminishing the voices and rights of women with learning disabilities experiencing gender-based violence.

#### **POLICY, LEGISLATIVE AND BROADER CONTEXT**

It is important to put the findings of the review in the current policy, legislative and broader contemporary context for those with learning disabilities in Scotland. The Keys to Life: implementation framework and priorities 2019-2021 (Scottish Government, 2019a) and more recently the Learning/Intellectual Disability and Autism, Towards Transformation Action Plan (Scottish Government, 2021), set out key objectives to support those with learning disabilities and autism including a commitment to reduce incidences of violence and empower women with learning/intellectual disabilities and/or autistic women to have safe and loving relationships.

The Keys to Life (Scottish Government, 2019a) acknowledged that people with learning disabilities have the right to; safe and healthy relationships, to have and raise children and, for those experiencing gender-based violence, the right to have appropriate support and protection.

The Domestic Abuse (Scotland) Act, 2018 creates a specific offence of domestic abuse. It privileges victims' narratives and recognises that domestic abuse is experienced as a continuum. This is important given the invisibility of women with learning disabilities who experience gender-based violence.

Other relevant legislation includes the Abusive Behaviour and Sexual Harm (Scotland) Act 2016 which provides an aggravation to existing offences where the offence relates to the abuse of a partner or ex-partner.

In addition, the Adult Support and Protection (Scotland) Act, 2007 aims to safeguard the rights of those at risk of harm although this is not always thought to be an appropriate mechanism to support and protect women with learning disabilities who experience gender-based violence amid concerns that it can be potentially disempowering (Public Health Scotland, 2020).

The national Scottish policy which promotes and demands the eradication of domestic violence against women and girls is the Equally Safe strategy (Scottish Government, 2018). This policy, however, does not currently explicitly address the needs of women with learning disabilities. More recently a learning disability action plan has been proposed by Scottish Government (2021b) to outline more specifically how those with learning disabilities may be supported when experiencing gender-based violence. This is vital to bridge the gap between different policy spheres and may help to ensure that the experiences of women with learning disabilities who experience gender-based violence are better represented within mainstream gender-based violence policies.

In addition, a new Learning Disability, Autism and Neurodiversity Bill will be out for consultation during 2023 although it is not yet clear whether issues around genderbased violence will be part of its remit.

#### LEARNING DISABILITY AND GENDER-BASED VIOLENCE IN THE CONTEXT OF SOCIAL INEQUALITIES

When considering the experiences of women with learning disability who have been affected by gender-based violence it is important to acknowledge the multiple layers of disadvantage and inequality that they face. Reflecting significant inequalities across key domains, people with learning disabilities have a much shorter lifespan than the general population and are also more likely to have a range of co-occurring conditions or impairments such as autism, mental ill health, physical impairments, sensory impairments (Truesdale & Brown, 2017; Dunn et al 2020) epilepsy, dementia, and a range of neurodevelopmental differences than the general population (NICE, 2015).

Further, due to disabling barriers at all levels of Scottish society, people with learning disabilities experience high levels of discrimination. For example, hate crime is more prevalent against people with learning disabilities than the general population. In 59% of disability-aggravated incidents of hate crime, the perpetrator showed prejudice against a person/people with a learning disability (Scottish Government, 2021a).

A UK wide study carried out in 2013 showed that 66% of people with a learning disability in Scotland worry about being victims of hate crimes (Coleman et al, 2013). Where people with learning disabilities represent more than one protected characteristic evidence suggests that this presents additional barriers. For example, people with learning disabilities from Black and Minority Ethnic (BAME) backgrounds are less likely to gain access to support and services than other people with learning disabilities (Mencap, 2006).

#### INTERSECTIONALITY

Women with disabilities experiences of domestic violence are multi-faceted and the concept of intersectionality offers a useful lens to understand the disadvantage they face (Thiara, Hague and Mullender, 2011). Yet, the relationship between gender, disability and violence is not always well recognised in policy and practice terms. Brown (2004) reported that women with learning disabilities face oppression at the intersection of gender and disability rendering them particularly at risk of sexual violence and exploitation.

Cavalier (2019) supports this and suggests a form of "triple jeopardy" linking gender, disability and abuse within mate crime, where individuals are specifically targeted because of their learning disabilities and then exploited in the guise of an intimate relationship or friendship.

Similarly, Meer and Combrinck (2017), suggested that in South Africa women with learning disabilities are often stigmatised with discriminatory attitudes making them less visible and more isolated. Adopting a human rights perspective within disability policy can help to address these challenges (Frohmander, Dowse and Didi, 2015).

#### **KEY THEMES FROM THE LITERATURE**

The following section explores the key themes identified from the existing literature on women with learning disabilities who experience gender-based violence.

#### **Risk Factors for Abuse and Harm**

There appear to be two key reasons why women with disabilities are more likely to experience abuse than those who are non-disabled 1) disablist attitudes towards women with impairments, i.e., perceptions of women with disabilities as dependent and/or weak and therefore easier to manipulate and/or dominate and 2) exposure to a wider range of potential perpetrators, including care workers and personal assistants (Breckenridge, 2017).

Powers et al (2009) suggested that women with disabilities are at greater risk of interpersonal violence beyond that experienced by women in the general population and that the type of violence and abuse can be disability specific.

Other risk factors include; isolation, loneliness, poverty and difficulties in identifying and naming incidents of abuse (Plummer and Findlay, 2012). In addition to this, living in institutions and 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 Roulstone, 2014).

Stigma further renders women with learning disabilities as more vulnerable to victimisation. A South African study (Meer and Combrinck, 2015) found that the experiences of women with learning disabilities who experience gender-based violence are mediated by complex social perceptions and myths. These included being considered less valuable, cultural myths and superstitions about disability, fear and shame associated with persons with learning disabilities and self-stigma.

Evidence from the literature suggests that having a mental health problem alongside a learning disability makes women more at risk of gender-based violence. For example, studies by Codina et al (2020, 2021) found that women who were assessed as legally incapable with a co-morbid mental health diagnosis were most likely to experience abuse.

They also found evidence of Poly-victimisation where people with learning disabilities were abused on multiple occasions, in different ways, often over many years, the average being at least 13 times. This highlights the pervasiveness of victimisation for people with learning disabilities and the potential for normalisation of violence and abuse (see also Emerson and Roulstone, 2014).

Similarly, Majeed-Ariss et al (2020) in an analysis of referrals to a sexual assault referral centre in England found significant over-representation of women with learning disabilities. They found that those women with a learning disability who presented having experienced sexual assault were also more likely to have a co-morbid mental health and/or substance misuse problem.

Previous childhood abuse is also a significant risk factor. Pestka and Wendt (2014), for example, considered the impact of devaluation and rejection in childhood to vulnerability to exploitation in adulthood due to their "search for belonging" following rejection.

MacIntyre and Stewart (2022) also found strong evidence of pervasive abuse beginning in childhood and continuing into a series of abusive relationships as adults, resulting in the normalisation of abuse for many women with learning disabilities.

Pestka and Wendt (2014) suggested 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 rather than structural problem. This is supported by the work of Wiseman and Watson (2021, p.19) who argued that "everyday violent victimisation must be considered a public health concern" that is exacerbated by institutional disablism towards people with learning disabilities.

McCarthy (2016) noted that often those who perpetrate abuse against women with learning disabilities do not themselves have learning disabilities. However, a more recent meta-analysis (Tomsa et al. 2021) suggested that perpetrators are often peers with learning disabilities. Risk can be exacerbated by social and psychological isolation that can reduce confidence and ability in help seeking and result in women being less likely to leave an abusive relationship (MacIntyre and Stewart, 2022).

#### **Vulnerability**

Brown (2004) suggested that women with learning disabilities should be considered more vulnerable to abuse because the circumstances they are placed in exposes them to more risks than women without learning disabilities. Abuse can therefore go unnoticed or worse, not be taken seriously.

MacIntyre, Stewart and McGregor (2019c) in a study of parents with learning disabilities, confirm that vulnerability applied to women with learning disabilities reflects negatively on their perceived capacity to keep themselves or their families safe creating barriers in accessing services and reducing professional expectations.

Hollomotz (2012) argued that the way we understand and construct the concept of vulnerability makes it more likely that someone with a learning disability will be abused as the factors that might contribute to abuse may be overlooked.

Meer and Combrinck (2015) highlighted a number of key elements that reinforce the potential vulnerability of women with learning disabilities including the devaluation of women with disabilities, overprotection due to social stereotypes and reduced societal expectations, denial of sexuality in those with disabilities, lack of education, perceived lack of credibility, social isolation and perpetrators perception that there is a lower risk of discovery.

It is important to consider these factors when assessing potential risk. Vulnerability therefore should be viewed as a series of structural issues that service providers should aim to tackle rather than a discriminatory stigmatising label for individual women that is sometimes used against them.

#### **Choice, Capacity and Consent**

The evidence highlights a key tension between the need to protect those with learning disabilities from harm with a desire to promote choice and empowerment and affirm autonomy (e.g. Brown, 2004; McCarthy, 2019b). Key to this debate is the issue of capacity. Brown (2004) suggested that to overcome these tensions, consideration should be given to maximising women's involvement in decision-making alongside the provision of support to seek refuge, justice and redress. It is suggested that a binary approach to capacity has seen women with learning disabilities abandoned to the consequences of decisions which may endanger them or undermine their welfare in a bid to promote choice. MacKay (2017) explored the idea of choice for those considered vulnerable suggesting that choice must be explored in context with an understanding of the impact of previous life experiences as well as broader, structural factors.

#### Impact of Abuse and Harm

There are far-reaching and life-long consequences for those with learning disabilities who have experienced abuse and harm for their mental and physical health and their socio-occupational functioning (Hughes et al, 2011). This is partly due to coping behaviours such as smoking, excessive alcohol consumption, drug taking and overeating although there is little research on whether consequences for disabled people are similar or more severe than for others (Mikton and Shakespeare, 2014).

In a study that considered post-relationship trauma and its impact on mental health, Walter-Brice et al (2012), found that although the women had left their partners behind, the fear and internalised abuse remained affecting their ability to live their everyday lives. This highlights the importance of a trauma-informed approach to support and protection.

Family and social relationships can become fractured when a woman experiences gender-based violence on a continuous basis and she is often blamed for not ending the violence (McCarthy, 2016). She notes that the partners of women in her study had often undermined their authority and insisted their own needs be put before the woman and any children. Further, these partners were less likely to engage in any child care themselves and sometimes prevented anyone else from helping the mother – either through general social isolation or by being obstructive if help was offered.

#### Support for Women who Experience Gender-Based **Violence: Barriers to Seeking Help**

Evidence from the literature suggests that women with learning disabilities who have been affected by gender-based violence face a number of challenges in help-seeking and accessing support. Fraser-Barbour (2018) argued that establishing a rapport takes time, often not available to staff in statutory services. She also argued that mainstream violence services are often inaccessible or unavailable.

In a survey of disabled women (including those with learning disabilities) conducted by the Daisie Project in Glasgow (N.D), 57% of the 70 respondents who took part said they experienced problems getting support due to discrimination and stereotyping, while 52% said that these reasons had stopped them from getting support altogether.

McGilloway, Smith and Galvin (2020) found eight key domains in preventing helpseeking and supporting those with learning disabilities who had experience abuse. These included fear, poor communication, lack of sexual knowledge and understanding, difficulties in identifying that someone has a learning disability, lack of collaboration between service providers, presumption of incapacity or a lack of credibility, lack of resources, myths and stereotypes.

They also found that lack of education around the particular issues experienced by women with learning disabilities who experience gender-based violence, both for professionals and those with learning disabilities impacted on successful reporting of and recovery from sexual assault. Awareness of available services has also been found to be a significant barrier to help seeking. For example, McCarthy, Hunt, and Milne-Skillman (2017) found that only four of fifteen women who participated in their study had heard of women's refuges at the time they were in an abusive relationship.

While research is clear that the intersectional experience of women with learning disabilities places them at significantly greater risk of gender-based violence, there have been limited developments in the provision of support for this group of women. Instead, they continue to experience considerable challenges in accessing support with, at times, life-threatening consequences (McCarthy et al, 2017: Engender, 2018).

There is some evidence (McCarthy, 2019: Walter-Brice et al, 2012) that suggests that services sometimes fail to offer support or believe women with learning disabilities who experience gender-based violence. McCarthy (2017) also points out that professionals can at times make unreasonable, unrealistic and dangerous assumptions about women with learning disabilities ability to protect themselves and their children from harm without relevant and appropriately tailored support. These concerns are

supported by Bowen and Swift (2019) who argued that training of clinical staff to detect partner violence is crucial in ensuring appropriate access to services for those with learning disabilities.

#### **Barriers to Justice**

Evidence suggests that women with learning disabilities who experience genderbased violence experience considerable challenges in accessing support and justice (Engender, 2018). McCarthy et al (2019) suggested that many police officers lacked extensive training on how to identify and work with those who have learning disabilities who are experiencing domestic abuse. Police officers were also often unaware that they were dealing with people who had learning disabilities – particularly in the case of those with milder disabilities. Women with learning disabilities themselves reported a lack of action from police.

MacIntyre and Stewart (2022) noted that women with learning disabilities were less likely to report their abuse to the police, and that when they did, they were less likely to be believed.

Dixon and Robb (2016) suggested that the police service increasingly use risk assessments in order to identify people with learning disabilities who might be at a higher risk of gender-based violence. However, these risk assessments tend to be clinical in nature, thus focusing on the impairment rather than the broader context. They also noted that the practice of putting responsibility for ensuring safety and reporting incidents on victims of domestic abuse is problematic because some women may choose not to report abuse as a result of fear and coercive control.

Another barrier to justice is the fact that, even after cases are reported to police, the perpetrators are very rarely prosecuted or convicted. According to Walter-Brice et al (2012), cases of abuse against women with learning disabilities very seldom reached prosecution, and almost never resulted in convictions. When they did reach prosecution, they were often in relation to child custody and the parenting abilities of the victim were often called into question.

#### **Facilitators to Access Justice**

McCarthy (2016) highlighted that accessible information, appropriate training for staff and peer support groups are important to ensure that the support needs of women with learning disabilities who experience gender-based violence are adequately met.

McCarthy et al (2019) also considered how the police can improve the way in which they deal with cases of gender-based violence involving women with learning disabilities. Many of the study respondents felt that increased public awareness and the provision of more training around issues faced by women with learning disabilities who experience gender-based violence might improve attitudes resulting in the provision of better and more tailored support. It was also felt that this might secure more prosecutions of perpetrators.

Dixon and Robb (2016) also argued that the police should encourage supporteddecision making for people with learning disabilities to facilitate the reporting of abuse.

They suggested that it may be appropriate for police and social work to work together on making more immediate short-term interventions if the person being abused is assessed as not having the capacity to make their own decisions at that time.

#### **Support and Prevention**

A number of violence and abuse prevention interventions for women with disabilities have been developed although none of these have demonstrated a decreased incidence of violence and many lack rigorous planning, implementation and evaluation (Van Der Heijden and Dunkle, 2017).

In the United States, a survey of community domestic violence programmes in North Carolina (Chang, et al 2003) found that 99% of those surveyed had provided support to at least one disabled women in the last 12 months with 85% offering shelter. All of these services felt either somewhat able or very able to provide effective care or services to women with disabilities.

Challenges in supporting women with disabilities relate to a lack of funding, lack of training and structural limitations within services. Strategies to overcome such barriers include supporting effective networking and co-ordinating care with organisations specifically set up to support disabled people (Chang et al, 2003).

A recent evaluation of a Scottish project that provided advocacy support (MacIntyre and Stewart, 2020) found that employing staff who had both learning disability and genderbased violence expertise and skills resulted in more tailored support for women with learning disabilities who reported being able to identify red flags indicating potential harm and feeling safer as a result. It should be noted however that staff reported concern that without repetition of messages and ongoing support the women may find it challenging to sustain their learning.

Melgar-Alcantud et al (2020) in a review of 52 relevant articles suggested that a combination of factors are vital in ensuring support for those with learning disabilities experiencing gender-based violence. They found that not blaming the victim, making women a central part of their own recovery process by showing them their own transformation potential and promoting reflection on the socialisation they had experienced were the key requirements for effective support.

Ballan and Burke-Freyer (2012) in a study involving women with a range of disabilities found that women should be considered experts in their own self-protection but require support to come up with their own strategies to keep themselves safe.

#### **Peer Support**

The value of peer support for women with learning disabilities who experience genderbased violence is well established (see for example MacIntyre and Stewart, 2019a: Walter-Brice et al, 2012). Walter-Brice et al (2012) in a study of five women with learning disabilities who had experienced gender-based violence, noted that attending groups with other learning disabled women reduced psychological and physical isolation and encouraged friendships. In addition, peer support groups for women who have been abused proved valuable in dispelling myths perpetrated by violent partners and providing ongoing support and social contact.

Callanan (2012) in a study of the only learning disability specific refuge in the UK (at the time) reported that peer support was particularly important for those who had experienced forced marriage and honour crimes who were often prevented from selfdetermination. These women needed considerable support to develop daily living skills as a result and peer support proved to be a vital component of this.

McCarthy et al (2017) also noted that peer support groups have for some time been advocated as a safe and confidential space for women with learning disabilities who experience gender-based violence to share their experiences and learn from each other. Women also value the opportunity to provide support to others in similar situations to their own (Woodin and Shah, 2014). This recognises their own expertise and enhances self-confidence.

In a similar vein, Collings et al (2019) considered the benefits and limitations of peer support for mothers with learning disabilities who had experienced domestic violence and had experienced child protection concerns. They found that peer support from women who shared similar experiences played an important role in coping with challenges and adversity.

#### **Educational Interventions**

The provision of education to support women with learning disabilities who experience gender-based violence to identify abuse and adopt strategies to enhance safety has been identified as important in the literature.

Indeed, Hassouneh-Phillips (2002) and Lund (2011) suggested that there is a requirement for educational support for adults with learning disabilities to identify and deal with violence and/or abuse to increase their ability to defend and protect themselves.

More recently, an evaluation of the "Us Too" project by Caton et al (2021) found that women with learning disabilities who undertook "Us Too" training had a better understanding of what domestic abuse is as well as an understanding of the different kinds of behaviours that constitute abuse. The work identified a need to make women aware of domestic abuse services that are available locally to ensure they gain access to support at an earlier stage.

Cavalier et al (2019) reported on adapting a programme for women with learning disabilities who had experienced gender-based violence, (the Freedom Programme). The programme's adaptations focused on distilling key messages into a repeatable accessible format, changing the visual layout and adding additional, larger, and extra visual resources.

The research found that programme participants were more able to understand what domestic abuse looked like, to identify inappropriate behaviour, identify warning signs, know where to go for support and how to keep themselves safe. It was noticeable that participants found the mainstream programme to be inaccessible and found the adapted programme more appropriate as key messages were broken down and repeated. Participants did, however, find it difficult to repeat the messages without significant prompting and ongoing problems were noted with confidence in general.

#### **Support for Professionals**

"All of those who provide a service to women with learning disabilities need to be trained to recognise the indicators of domestic violence, its many forms and dynamics. Professionals, families, friends and supporters need to recognise that when women with mild and moderate learning disabilities lack supportive social networks, jobs, interests and activities then this increases their vulnerability to abuse in broad and specific ways."

(McCarthy, 2017 et al: 599)

The quote above highlights the importance of staff training for those working with women with learning disabilities who experience gender-based violence. Yet evidence suggests that, at times, professional responses to women with disabilities experiencing domestic violence may leave them without appropriate support and protection (Nixon, 2009, Thiara, Hague and Mullender, 2010: McCarthy et al, 2017). Evidence also suggests that professionals are likely to focus on the impairment rather than abuse, a form of diagnostic overshadowing (Nixon, 2009).

An online survey of 717 professionals indicated that most respondents believed women with learning disabilities were deliberately targeted by violent and abusive men and that more training is required for a broad range of professionals to understand appropriate responses to women with learning disabilities experiencing domestic violence (McCarthy et al, 2017).

McCarthy et al (2017) concluded that the training of staff in gender-based violence services and learning disability services is necessary to ensure they are aware of the impact of gender-based violence alongside the particular issues for consideration when working with those with learning disabilities. They also suggested that health and social care professionals should be trained to recognise a series of indicators of domestic violence and be proactive in asking women if they need help while also providing services that allow women with mild to moderate learning disabilities to become more independent.

McCarthy et al (2019) noted that most social workers were supportive of people with learning disabilities, but had limited knowledge of surrounding policy and often felt unprepared to work with them. It was also found that their attitude towards women with learning disabilities could be overly paternalistic, to the extent that it limited women's ability to make their own choices as discussed earlier.

This is supported by Robb (2021) who interviewed 15 social workers about their experiences of working with women with learning disabilities who had experienced domestic abuse and violence. She found that social workers tended to understand violence against women with learning disabilities within a context of individual vulnerabilities that paid limited attention to structural causes of oppression. She also recommended that social workers be given specialist training to help them manage this complex area of practice.

#### **Access to Appropriate Information**

The importance of accessible information featured significantly in the literature as a key feature of support to ensure that women with learning disabilities experiencing genderbased violence to enable them to access services and protect themselves and their families (e.g. McCarthy, 2017; Macintyre and Stewart, 2022).

Accessible material was also considered important to educate women with learning disabilities about their rights and responsibilities and how they might escape domestic violence. McCarthy (2019) recommended that any information provided should emphasise that the women are not responsible for the abuse, that what happened to them is commonly experienced by others too, encouraging them to take action to stop the abuse themselves or remove themselves from risk, to explain what kind of help and support are available and how they can access these.

If women with learning disabilities are denied clear communication or access to accessible information they may not be able to exercise their rights effectively (Ortoleva, 2011).

Digital exclusion may also reduce opportunities for help-seeking and identifying appropriate support. SCLD's How's Life survey (2020) found that only 33% of people with a learning disability had used social media in the previous few weeks. Chadwick, Wesson and Fulwood (2013) found a number of barriers experienced by people with learning disabilities when accessing the internet including financial and economic barriers. In Scotland, this is supported by the fact that according to figures from LDSS 2019 (SCLD, 2019), people with learning disabilities are more likely to live in SIMD quintile 1 (most disadvantaged) than the general population.

#### Advocacy

Access to advocacy is essential to support women with learning disabilities to navigate the complex array of services and systems associated with gender-based violence (McCarthy, 2017, MacIntyre and Stewart, 2022). The role of advocacy is viewed as critical in ensuring the voices of women are heard and that complex issues around the intersectionality of discrimination between gender, disability and capacity are considered in developing relevant supports (McCarthy, 2017).

MacIntyre and Stewart (2020) further noted that the time available to advocacy workers to build trusting long lasting relationships was an essential feature of successful outcomes in supporting and protecting women. In addition, they reported that the independent nature of the support offered was invaluable in securing trust and helped to facilitate better relationships between the women and other professionals involved.

#### **GOOD PRACTICE AND AREAS** FOR FURTHER DEVELOPMENT

Pulling together key messages from the literature suggest that services to support women with learning disabilities who experience gender-based violence must be relationship based and trauma informed.

They must be staffed by professionals who have knowledge and understanding of the specific needs of those with learning disabilities as well as gender-based violence.

The support provided may need to be ongoing and that accessibility issues should be addressed including the provision of accessible information in different formats.

Advocacy plays an important role in ensuring that the voices of women are included and that they can play a key role in safeguarding their own rights, with adequate support.

Peer support is also invaluable in validating the lived experiences of women with learning disabilities while enabling them to play a role in supporting others.

At a preventative level the sexual education of women and young girls with learning disabilities must acknowledge their right to intimate relationships that are not harmful and provide them with the information they need to make safe choices.

At a policy level the needs of women and girls with learning disabilities needs to be more explicitly acknowledged and addressed across key policy domains rather than being subsumed within a broader disability framework.

Literature Review Completed by Dr Ailsa Stewart and Dr Gillian Macintyre

#### 5. ANALYSIS OF FREEDOM **OF INFORMATION REQUEST**

In this section, we summarise findings from our analysis of information received from 28 (out of 32) local authorities in Scotland regarding their use of the Adult Support and Protection (Scotland) Act 2007 for women with learning disabilities who experienced gender-based violence in Scotland during 2021.

This is followed by a summary of the response from the Scottish Government regarding data collection relating to women with learning disabilities who experience gender-based violence in Scotland.

#### **LOCAL AUTHORITY RESPONSES**

Findings from our analysis of responses from 32 local authorities are summarised below.

Of the 32 local authorities contacted, 28 responded to our request. However, 16 reported either not holding or being able to provide information about women with learning disabilities who had experienced gender-based violence.

Of the 12 local authorities who provided this information, 8 gave the actual number of referrals and 4 used disclosure-controlled figures.

We therefore estimate that the total number of ASP referrals received by the 12 local authorities for women with learning disabilities who experienced gender-based violence was 252 during 2021.

The outcomes of these referrals are described overleaf in Table 2.

Table 1: Number of Adult Concern Referrals Received

	Local Authorities able to provide information	Total number of adult concern referrals received	Range of the adult concern referrals received	
Whole population	28	47,157	33 – 8,093	
Women with Learning Disabilities	22	1,544 (+ <5 for one local authority)	0 - 305	
Women with Learning Disabilities who experienced Gender-Based Violence	12	Not known	0 – 131	

#### **5. Analysis of Freedom of Information Request**

Table 2: Outcomes for Women with Learning Disabilities who have **Experienced Gender-Based Violence** 

LOCAL AUTHORITY	Number of referrals received	Number of subsequent investigations	Number of case conferences	Number remaining under ASP	Number of protection orders	Number referred to MARAC
Orkney	0	N/A	N/A	N/A	N/A	N/A
East Renfrewshire	0	N/A	N/A	N/A	N/A	N/A
Argyll & Bute	<5	<5	<5	0	0	Not known
East Dunbarton	<5	<5	0	<5	0	Not known
Renfrewshire	<5	<5	<5	<5	Not known	Not known
Dundee City	<15	0	<15	<15	0	<15
Scottish Borders	4	2	0	Not known	0	1
Aberdeen City	5	1	0	5	0	Not known
Dumfries& Galloway	12	0	0	0	0	Not known
Falkirk	13	<5	<5	Not known	Not known	Not known
Edinburgh	57	15	10	15	Not known	7
Glasgow	131	18	10	90	9	Not known

#### **SCOTTISH GOVERNMENT RESPONSE**

The Scottish Government could not provide any information about women with learning disabilities and gender-based violence. While their annual collection includes demographic information on sex and disability, it is not an individual level collection. This means it contains the number of people with a learning disability and the number of women but not the number of women with learning disabilities who have experienced gender-based violence.

Their annual collection is undertaken via aggregated data where the demographic information is not linked to the type of harm or protection orders for investigations or case conferences.

Whilst the collection does note the main type of harm, for example physical, financial, sexual etc, it does not indicate whether that harm relates to domestic violence or any other form of gender-based violence.



# 6. WOMEN WITH LEARNING DISABILITIES EXPERIENCE OF GENDER-BASED VIOLENCE AND ABUSE



In this part of the report, we detail the findings from our thematic analysis of research interviews with women with learning disabilities who had experienced gender-based violence. This section highlights human rights violations. The last part of this section, 'Overcoming Trauma and Standing Up for Rights', focuses on what human rights are being realised.

## PATTERNS OF GENDER-BASED VIOLENCE AND ABUSE

The experiences of violence and abuse reported by women with learning disabilities are wide-ranging, and include physical, emotional, sexual abuse, and financial exploitation.

As one woman said,

"Some abuse has been physical and financial and emotional...Because I'm a kind person, people take my kindness for granted".

Other women told us that they had experienced several forms of abuse.

"I have experienced neglect, sexual, emotional, physical ... So I've experienced all the types of abuse."

Across all the interviews, the experiences of abuse had been severe and resulted in some form of intervention from police, adult social work and children and families social work. The following statements provide examples of the severity of the abuse.

"...There is other stuff that's happened over the years, he wanted me to do BDSM<sup>4</sup>, and I didn't fully understand what I was doing, so I did get involved in it. I was with this person, and they asked me to put a vodka bottle into their vagina. I didn't think anything of it at the time; I think it was [date removed] he asked me to do it again with him. I didn't want to do it. Social work got involved because I told social work, and the social work manager decided we had to phone the police, but the police have now said it's hard to tell if there was a crime committed because I consented to do it. But if anything else happens again, there is a vulnerability thing."

<sup>&</sup>lt;sup>4</sup> Bondage, discipline, sadism and masochism.

"So, police found out that I was pregnant when I was abused and taken in... so they were trying to figure out how to tell me I was already a month pregnant... I didn't want a child knowing their real dad, and at the time, I was still at school, so how am I supposed to go to school and college with an unborn child, so what to do, kind of thing. So the best option at that time was to get rid of it because I didn't want to claim what he really was."

As well as various forms of abuse, women experienced abuse from different perpetrators including people they met online, partners, support staff and family members. For a number of the women interviewed, the abuse they experienced began when they were a girl perpetrated by their fathers. One woman told us about her experience of being sexually abused, and another shared her experience of ongoing emotional abuse beginning with her father in childhood. In both instances, neither woman understood at the time that they were experiencing abuse. They said,

"The sexual [abuse] was my father...when I was 16...he shouted me up because he knew I was downstairs. I think he was waiting for me to come back upstairs and go to bed, and that's where it all happened, where the abuse took place, and that's how I found out the first time that it was abuse cause the police officers were asking me is this the first time you have been abused and I was like what abuse? I have never been abused...So I just did-nae know if it was normal or if it wasn't."

"...Every time when me and my older brother went to my dad's house, he did a lot of that mental abuse with me when we went to visit him once a week. He was great with my brother, but he didn't know how to deal with a girl; the only way he knew how to deal with a girl was to bring them down. But he knew how to deal with other girls, which was to give them the chat up line. Because he would always be flirting with other girls like he'd say, "Oh, your cousin looks so gorgeous in that picture," but then he would say, it's a pity you don't lose all that weight of yours, and then you could be like her, and that always got to me. A lot of the time when he or my ex said something I didn't know, it was like a put down to me..."

For some of the women interviewed, experiencing high levels of abuse involving several perpetrators and occurring across many years of their lives was a part of their everyday life.

"There has been more than one incident. I thought I was in a relationship with this person...but I wasn't really. He was seeing other people, but I didn't know any of that... then I got kept in his house. And stuff... "

Some women stated that their children also experienced repeated abuse.

"He used to pin me against the wall; he used to hold my two wrists; I found out later he was doing that to my daughter as well."

Experiencing abuse from an authority figure such as a parent or staff member was a common theme across the interviews. For several of the women, there was a significant power imbalance between the perpetrator and themselves. Across all the interviews, the participants appeared to have been targeted due to a perceived vulnerability, whether they were a child at the time abuse began or because they had a learning disability. One woman explained how she experienced this with her partner, who, unlike herself, did not have a learning disability.

"I always felt I weren't an equal with him; I always felt he was always a lot better than I was. But looking back on it, I now know why. He always talked like he knew everything."

These power imbalances extended to where the perpetrator was a member of an individual's wider support team. This is best illustrated by one woman who detailed the abuse she had experienced from a staff member.

> "It was a social work driver, so social work had to get involved, so the police had to get involved."

Targeting women with learning disabilities also took place online, as evidenced in one women's story of being added to an online "sex group" on a commonly used social media platform.

"There were other people in the group who had disabilities. There was over 500 people on it from all over the place; the furthest away was Dubai. But I never met anyone from Dubai or anything like that..."

Following being added to the online "sex group", this woman said she had been targeted by two individual men, both of whom were involved in the running of the group. This woman met one of the men online and the other in person.

"He was running a sex group, and another man was involved. It was on Facebook to start with... he got another man involved. I never ever seen the other man apart from on video, but he was being very abusive towards me. He wanted me to do things I didn't want to do. Verbally abusive and text messages that were really vulgar and stuff. "If you come down here, I will show you a good time, "and I was like, "eh, No."

#### **HUMAN RIGHTS AT RISK**

Article 3 of the Human Rights Act is relevant as it protects individuals from torture and inhumane and degrading treatment.

In situations where abuse is perpetrated against a child or young person by a family member, Article 19 of the United Nations Convention of the Rights of the Child is significant as it outlines the Government's responsibilities to protect children from all forms of violence, abuse, and neglect from their parents or any other caregiver.

Article 26 of the Istanbul Convention, relating to the protection of child witnesses, is also relevant here.

"I met the other man in person and online. The man that just added us all to the group. I knew two of the girls in the group, [named removed] and [name removed], were there. I met them in the house, we had a drink and stuff, but they were wanting more than a drink and stuff..."

#### REPORTING GENDER-BASED VIOLENCE AND ABUSE

The women interviewed faced significant barriers in disclosing or reporting abuse. This included not knowing or understanding what gender-based violence or abuse was and how they should deal with it.

"I didn't know anything about gender-based violence then; I knew nothing about gender-based violence until I started to do work on it..."

All of the women we spoke to identified poor quality relationships, sexual health and parenthood education at school as a factor in the challenges they faced when identifying abuse. This gap in their knowledge was only addressed later in life after the abuse had occurred.

"I didn't go to a mainstream school. We talked about sex and relationships, but not to the extent my brother or sister would have, and I think that's due to like our understanding of it. In the last few years, we have been doing pieces of work and trying to get me to a better understanding..."

Limited access to information on gender-based violence and abuse was also a significant barrier to the women reporting crimes. For example, one woman told us that because she did not know what was happening to her at the time, she did not report it and said.

"If I knew what it was, I would have reported it straight away".

#### **HUMAN RIGHTS AT RISK**

Article 16 of the UNCRPD outlines member states' obligation to prevent exploitation, violence, and abuse through the provision of information and education which supports individuals in identifying these forms of abuse.

Article 14 (education) and Article 16 (preventative education and treatment programmes) of the Istanbul Convention are also relevant here.

When women could recognise and report crimes of gender-based violence and abuse, they often found the experience challenging. A number of the women expressed that this was made more difficult by a fear of others finding out what happened due to not having a safe and private space to discuss the abuse with the police.

"...When I got questioned, they did question me in the police station... and they did come out and see me [at home], and everyone was nosey-ing about...like going 'did you get a break-in? Is everyone ok?' So I just said 'aye' cause at that time I didn't want to tell anybody...put on a brave face."

"I've been to police stations, I have been to house ones and centre ones. I didn't like the centre ones, because I volunteer there. I didn't like it in there because that was my safe place. They try not to use these because it's my place".

"They just took me to the police...I could-nae open up at the time they came up to the house, and I could-nae speak in front of my mum and dad and that kind of thing..."

Despite having negative experiences disclosing to the police, there was some recognition by the participants that it was not always individual officers who were at fault. Instead, one woman stated,

"The police were-nae that helpful, but it's not all their fault. It's a lack of knowledge of who I am as a person. They don't know your background or anything. There just reading a bit of paper that came in at the weekend."

The women also told us about not being able to access appropriate adults and the impact this had in delaying them from reporting a crime. In one case an individual social worker had to step into this role. However this was embarrassing and confusing for the individual.

"They did send officers out to my house two or three years ago. They weren't meant to come out... I'm not allowed to speak to the police without an appropriate adult. I got a phone call the same day to say they were coming out to see me. I told them I needed an appropriate adult; they asked me if I could organise one for tomorrow. And I said no, not really, because it's not my job. And then the last time they said can you ask your own social worker to do it... My other social worker has done it, but he dis-nae like doing it because it takes away me and his working relationship.

> That was quite hard because I had to do it wae just him because no one else was available. It can cross the situation, and then I would-nae speak to them for a few days."

The women stated that when they could access appropriate adults, the experience was sometimes positive. However, this depended on the individual who took on that role.

"The appropriate adults have been good in the past. The one I had recently, she's been involved in a few of the things I've been through. She has a good understanding of what's happened, so when I am telling the story, it's the right way of telling it. But you're no guaranteed to get someone to help you."

#### **HUMAN RIGHTS AT RISK**

Article 13 of the UNCRPD states that disabled people, including people with learning disabilities, should have effective access to justice, including having suitable arrangements to allow them to participate as witnesses.

Article 27 on reporting of the Istanbul Convention is also relevant here.

#### **ACCESSING SUPPORT AND JUSTICE**

The women's experiences of accessing support and justice ranged from positive to negative. One woman outlined a positive experience she had working with social workers stating,

"They give me emotional support if I need it...It was good because I knew I could speak to someone about it who was more professional. Not saying my [support] staff aren't professional, but they did-nae really know what's going on. But social work knows more about what's going on."

However, the same women also spoke about being left without support from a Mental Health Officer (MHO) for over 11 months.

"The Mental Health Officers did help a lot with all the stuff that happened. But then I went 11 months without a MHO because I was supposed to get a different person, but they couldn't allocate me a person, so my own social worker became my MHO for a year and a half. Then I got introduced to a new social worker in January that lasted four months. Then I got a new social worker because her job was only temporary...."

It was not only public services which failed to meet the needs of the women. One woman told us about a negative experience with a third-sector organisation working to support women who had experienced gender-based violence.

"I know people go to [organisation's name removed]...I went there myself, but saying things to them, I wis-nae believed at all by them...What was happening was every time I went away, the worker, who was talking to me, she was talking to social work right after that cause social work was asking them for information, as the women in [organisation's name removed] told me. She said to me it's really your word against social work's word...."

While experiences of accessing support were mixed, experiences of accessing justice were consistently poor. When the women reported abuse, they often did not see the perpetrator charged. As a number of the woman stated,

"One incident was going to court, but there wasn't enough evidence to take it to court, but they didn't say a crime hadn't been committed, just that there wasn't enough evidence."

> "It was going to go to a tribunal, but he guit his job at the time. So, it did-nae get justice, if you know what I mean."

This lack of access to justice may have been the result of women not being believed when they disclosed abuse. The following response from one woman we interviewed illustrates this.

> Interviewer: "Did you feel like people believed you? " Woman: "Yes and No."

Even when women were believed and perpetrators were prosecuted, the women often did not feel sentences given reflected the abuse they had experienced.

"It went to court, but he did-nae get jail time. I automatically thought I would give evidence. I was there, yes, but I didn't give evidence. I didn't need to...because I was 16 at the time... he pled guilty to all his charges...because he thought it would make it easier for him to get off. So he got three years of community service for what he did...

but the way I see it is the minute he got that community service, I have always said to people that he should have had a tag or been in prison until the day he died. No three-year community service, where after that three years of being good, he could do it to someone else."

The same woman also expressed frustration at not having clear information during the trial or the opportunity to make her voice heard.

"They kept everything a secret 'cause I was a child, but of course, it happened to me nobody else. So they should have told me what was happening and what was-nae".

#### **HUMAN RIGHTS AT RISK**

Article 16 of the UNCRPD states disabled people, including people with learning disabilities, should live free from exploitation, violence and abuse. It also states that appropriate measures must be taken to "promote the physical, cognitive and psychological recovery".

Article 22 of the Istanbul Convention on providing Specialist Support Services is also relevant.

Article 12 of the UNCRC states that children and young people should be able to express their views, feelings and wishes in all matters affecting them and to have their views considered and taken seriously.

Alongside the issues outlined above, two topics of significant importance to the women interviewed emerged when discussing access to support and justice. These were the use of adult support and protection and child protection in gender-based violence cases. Key points made by the women concerning these topics are outlined under the subheadings below.

#### **Adult Support and Protection and Guardianship**

When experiencing crimes of violence and abuse, women with learning disabilities can be subject to adult support and protection and/or guardianship processes. For the women we interviewed, their feelings on the effectiveness and appropriateness of these measures were mixed. One woman spoke about how guardianship removed women's rights when they reported abuse.

"Some women have had experiences with guardianship which takes their rights completely away from them. They don't have the right to say what they want to say."

Another example of negative responses to these measures is illustrated in the following dialogue between a woman with a learning disability and her social worker.

Social worker: "I think sometimes, though [name removed], you don't want to tell me things for fear of it becoming an ASP1."

Woman: "Yeah".

Social worker: "Cause you don't want group meetings, because the first thing you will say is please, I don't wanna go back to meetings and meetings and meetings...So I do think that's part of it as well."

Woman: "Yeah".

At times, the women expressed the view that these measures could be restrictive. One woman's experience of having her social media access stopped following an abuse incident illustrates this.

"I was not allowed on social media. It was good having that break from social media. But I snuck back on when I was on holiday because it costs an arm and a leg to text back home. So I used that as my excuse, but they found out about it because I told them. I don't think they would have found out about it if I had-nae told them."

The women we spoke to also felt excluded from making decisions about their own life and the support they needed.

"Some decisions I've been involved in. but I can't be involved in them all because some of them are more personal. So they have to make sure they are going down the right avenue. With the ASP, I was involved in most of the stuff, but there was stuff going on in the background that I wasn't allowed to be involved in because it was too stressful. The first time I was on ASP, they would-nae speak to me direct."

Other women added that fear of being subjected to ASP processes and feeling judged prevented them from disclosing abuse.

"... I know some people would judge you...because some women have had bad experiences with adult support and protection...They need to build trust with the person. You have got to get to know a person first before you can be open."

#### **HUMAN RIGHTS AT RISK**

Article 12 of the UNCRPD states that:

- Disabled people, including people with learning disabilities, have a right to exercise legal capacity on an equal basis with others in all aspects of life.
- Safeguards may be appropriate but must be proportionate and tailored to the person's circumstances.
- Safeguards should only apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body.

The Committee on the Rights of Persons with Disabilities General Comment Number 1 (2014) also outlines that state parties to the Convention must review the laws that allow guardianship and trusteeship and develop laws and policies to replace substitute decision-making with supported decision-making.

#### **Child Protection**

When reporting abuse or attempting to leave abusive relationships, women with learning disabilities feared having their children removed from their care. This is best illustrated in one woman's experience of leaving her abusive partner.

".. Basically, the social worker we had, she said to me and him, if you are going to be splitting up, you can't stay here [at home] with the two older children. We asked why, and she said it's against the law because I attended a special needs school... So basically because of that, my ex put me out saying, "because you're a fruitcake", as the social worker was trying to say, you can't stay here with the children because she is going to come and take them away and put them into care."

One woman also spoke about the negative impact being placed under child protection had on her children.

"My daughter, she was full of anger. She didn't want to come back at the time. She chose, at the time, not to have anything to do with me...she got moved, and after that, she was like I wish I made the decision to come back to you, social workers are always telling you it's your own choice, but it's not that simple, they always try and talk me round to staying in care."

"It just gets me annoyed she was treated like that. It's one thing to treat adults like that, but children should-nae be treated like that. They just abused her trust."

The women said that they felt re-traumatised by child protection processes.

"Mental abuse, I experienced that from my ex-husband, but I also experienced that off that first social worker. She did a lot of mental abuse..."

#### **HUMAN RIGHTS AT RISK**

Article 8 of the Human Rights Act gives all persons the right to a private and family life.

Article 23 of the UNCRPD states that no child should be removed from their parent based on disability.

CEDAW states that women must have the same rights and responsibilities as other parents, irrespective of their marital status, in matters relating to their children.

#### IMPROVING SUPPORT FOR **WOMEN WITH LEARNING DISABILITIES**

Participants spoke about the various ways in which services could better support them. Critical to this was listening to them and taking account of their views in decision-making.

"We need to make our own decisions...on what support we need."

The women said it was important to have accessible information available to women with learning disabilities.

"If they [services] were easier to access as well, and if they were advertised."

"Leaflets about services at doctors, surgeries and stuff. If they were to go to the doctor and the leaflet was sitting there, they would go oh!... Posters in the community centre, because sometimes women might be going for a group or something."

"Speak plain, simple language and if there is any information give it to them in easy read".

In addition to accessing services and having a say in decision-making, the women we spoke to said having people who supported them and believed in them was the critical factor in moving forward in their lives following abuse.

"I knew people who believed in me and what I wanted to do, like going to college... getting a full-time job. It was all the support I needed."

#### **OVERCOMING TRAUMA AND STANDING UP FOR HUMAN RIGHTS**

The trauma experienced by the women who participated in this research cannot be understated. Despite this, women often found support in addressing their trauma by meeting with other women, who have shared similar experiences to them, in peer support groups.

"I feel better when I am busy with my wee groups. I feel better when I have my groups to go on, on zoom. I'm not thinking about it all. There was a week there when I did-nae have any groups on, and I felt I was going back the way. "

Despite the abuse and challenges these women faced, each woman exemplified resilience. All of the women interviewed had taken their experiences of abuse and used them to stand up, not only for their own human rights, but the human rights of all women with learning disabilities.

Examples of advocacy work ranged from sharing their experiences in public forums, taking part in campaigns, and even raising issues independently with complaints bodies and the Scottish Government.

"I've sent ones [emails] to child protection telling them what I think, I've sent one to the Government, I have sent one to Nicola Sturgeon. Basically, voicing my opinion about it all."

"It was a campaign, and it was a photographer that came to my local women's group.... They are quite powerful [the pictures]...It was a good campaign. It could go on billboards and things like that...it was good doing that."

#### **HUMAN RIGHTS REALISED**

Article 29 of UNCRPD entitles women to participate in political and public life.

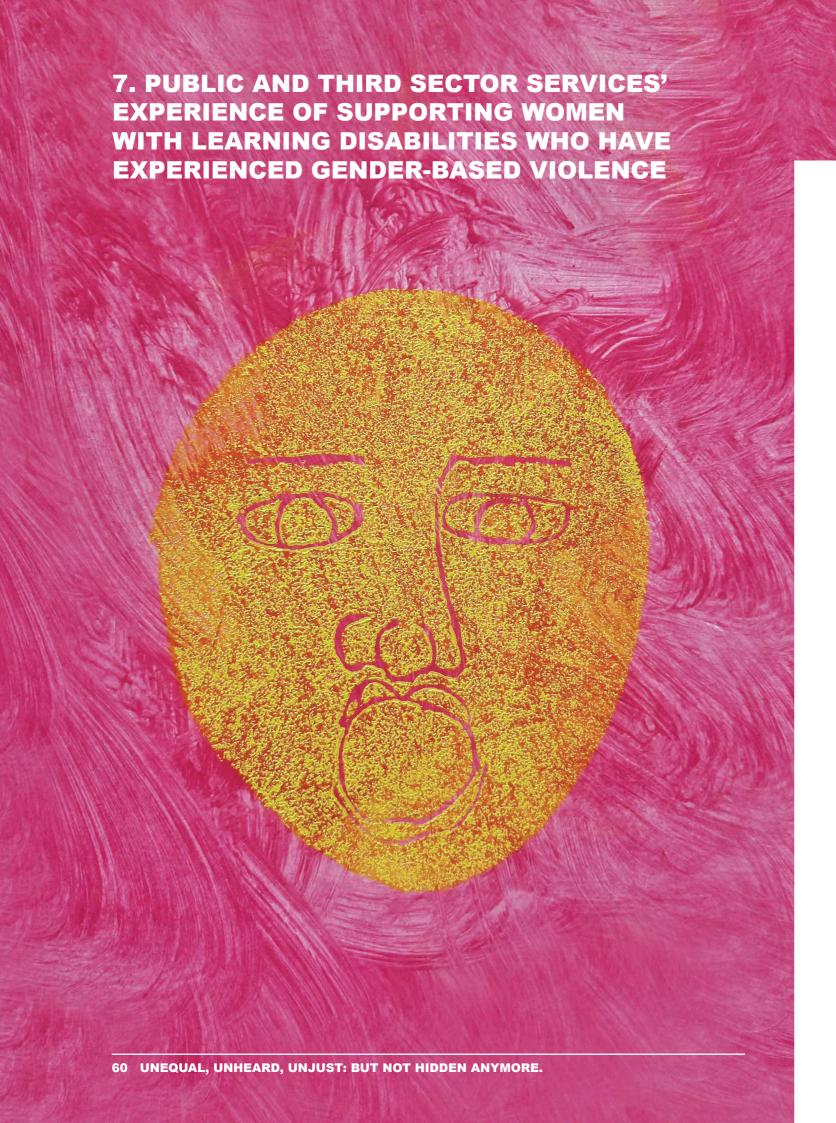
Article 13 of the Istanbul Convention highlights awareness raising as a key requirement.



#### **SECTION 6: SUMMARY**

The key themes discussed in this section are:

- Women with learning disabilities experience gender-based violence and abuse. This includes sexual, emotional, physical, financial abuse and neglect.
- The violence and abuse experienced by the women we interviewed was severe and frequent.
- The abuse was perpetrated by family members, support staff, intimate partners, and people the women met online.
- Women with learning disabilities experience barriers when reporting crimes of gender-based violence and abuse.
- Women found themselves unable to report gender-based violence as they sometimes did not understand that this was what they were experiencing.
- Another barrier to justice was not being able to access Appropriate Adult Services.
- Other barriers to support and justice included poor engagement with public and third-sector support providers and not feeling believed when they disclosed abuse.
- Women with learning disabilities' fear of Adult Support and Protection and Child Protection processes often stopped them from disclosing violence and abuse.
- Women with learning disabilities' views on what needed to change included the need for accessible information and peer support.



#### PATTERNS OF GENDER-BASED **VIOLENCE AND ABUSE**

Women and girls with learning disabilities were reported to predominantly access services after experiencing domestic abuse, rape, sexual assault, and coercive control.

> "We probably have seen, or most cases have been, either domestic abuse or rape and sexual assault."

"So, in my experience, obviously working in the department I'm in, it's mostly domestic abuse and sexual offences that we're dealing with."

"...It's sexual violence that we work with anyway. They have said that there has been domestic violence, like sometimes when they report the sexual violence or when they're talking to us about the sexual violence. But then they'll explain: "My husband did this, or my partner did that".

So, most of the time, it's actually been domestic or sexual violence."

Services stated that coercive control was frequently present alongside other forms of abuse, but it was often the most challenging to identify.

"We work with a lot of people... the coercive control is there; they might not always recognise that, and I think that's not just, because they've got a learning disability, a think it's a very difficult thing for anyone to recognise, that coercive control"

Services supported women who had experienced abuse from various perpetrators, including family members, intimate partners, support workers, and men who sexually exploited them for financial gain. In some cases, women also experienced abuse from men with learning disabilities who were known to them. As one service provider said,

"This man went to her door, and because she has an awareness of him because he's also in the learning disability community and she vaguely knows him if you like, she's let him into the house. Now in her words, he pushed her, he tried to put his willy in her, and this is actually a very elderly lady as well, and yeah, so she was referred to us...."

#### **BARRIERS TO ACCESSING SUPPORT**

All services identified significant barriers for women with learning disabilities accessing support. This included services' lack of understanding of learning disability, limited access to specialist support, a lack of trusted professionals working with women with learning disabilities, low levels of knowledge among women with learning disabilities on gender-based violence, and inaccessible service provision. Each of these areas is discussed in more detail under the relevant subheadings.

#### **Poor Understanding of Learning Disability**

Some of the gender-based violence service providers interviewed struggled to define learning disabilities. This highlighted an apparent lack of awareness of learning disabilities and the barriers this particular group of women faced. This included being unable to differentiate between neurodevelopmental differences, and describing a learning disability as a 'learning difficulty'.

> "There's the elements, I suppose, that there's crossover. But in saying that, I'm not sure why I would say a difficulty."

#### Limited Access to Specialist Support

A significant barrier for women with learning disabilities is accessing support from services which work with all women who have experienced gender-based violence without undertaking specialist learning disability awareness training. This is illustrated by the following statement from a staff member of a public service who assumed learning disability services would provide appropriate support in the place of genderbased violence services.

"... A lot of the time, the women that we're dealing with, if they are, obviously the victims of gender-based violence, but they have sort of learning disabilities and things, they usually have other support in place anyway...So we wouldn't necessarily refer to other

agencies in terms of helping them with their learning disabilities, so to speak, not like, in my experience, they already have that support...."

However, even when universal gender-based violence support services did try to find specialist support for women with learning disabilities, they reported challenges in doing this, which often created additional stress for the women.

"If we were looking for a service for people with learning disabilities, sometimes it's really difficult to find that service...Sometimes it takes longer to actually find the information for the person, and that person could not be in a very good place. They've gone through a traumatic event that they're still finding really difficult...."

#### **Limited Consistent and Trusted Professionals** in Women's Lives

One of the most significant barriers identified was women with learning disabilities not having a trusted person to speak to about these issues.

"So that's probably the biggest thing is that having that voice, first of all, to be able to feel that they can speak to somebody that they feel safe and comfortable with. And then it's about knowing what service is available for them...that's probably the biggest barrier...just knowing who to phone, who to speak to."

Service providers also noted an inconsistency of staff working with individual women, and not knowing who to contact was upsetting for women with learning disabilities.

"Some of the things I came across was that sometimes people with learning disabilities can become confused about what worker they're working with. It could be that they've got a social worker, an advocacy worker, but they've also got the advocacy worker in the community who works with them. So, if they are phoning them, they might not remember what we are supporting them with. Sometimes the women can be quite upset about that, and it's like: "well, I thought I was phoning the right person, and I've

got through to you." It is being able to ensure that we know who the workers are that they are actually working with. We can contact that agency for them if they want to and just explain that the woman had phoned us. Sometimes that can be one of the things that can be really, really difficult for them."

#### **Limited Knowledge and Understanding** of Gender-Based Violence

Service providers interviewed said that a significant barrier for women with learning disabilities was recognising that what had happened to them was gender-based violence.

"...How to verbalise what's happening to them... how to understand that maybe what they've experienced has been gender-based violence. And I think that understanding, cause for some of the women that have come through, they've not realised that it's been abuse."

"Sometimes it's being able to understand or, for us, being able to explain what consent is and what consent means. That can be really difficult sometimes because people sometimes don't understand and think, "It's okay because I was living with them", and then trying to explain what consent was. That can be really difficult for some people."

Like the women with learning disabilities who took part in the research, services highlighted that poor quality relationships, sexual health and parenting education and prevention work is a key barrier for people with learning disabilities accessing appropriate support.

"I don't know if they have, you know, specific programmes or whatever maybe for, you know, younger women about these kinds of issues. I don't know what's going out there, but I've no doubt that whatever's going on out there, it's probably not touching the sides."

"There are the stereotypes of around...almost about the no need or not the need to do consent work, relationships work a lot of that work with young people with learning disabilities to equip them with the skills then to understand some of what may be exploitative."

"A lot of the people transitioning through into our service...that have a learning disability aren't given that healthy relationships education at a younger age. It's as if it's felt that it's not needed."

A lack of funding for this type of education for children and adults with learning disabilities was also identified.

"We have one worker who works four days a week. That is what we are funded for, and she's supposed to get into every high school in [name of local authority removed], every year group... In an ideal world, we could be doing something like that with learning disability groups, but ultimately, if we cannot get the money for the schools, what chance have we got?"

#### **Inaccessible Support Services**

In terms of service accessibility, public services informed us that access to their services was usually provided by referral from the police, advocacy groups, and adult and child protection processes. In some cases, self-referrals were also accepted.

In terms of the third-sector providers, self-referrals were also welcomed. Gender-based violence support services were cognisant that their services did not always go far enough to reach out to women with learning disabilities who might benefit from their service.

"I think we as an organisation are well aware that, you know, we're just not getting the referrals from this community, and you know, we need a whole cultural shift."

"I don't believe for one second that, you know, there's not hundreds and hundreds of women sitting across [name of local authority removed] struggling with this on their own, you know, and just not getting that support."

Other organisations expressed their concern about ensuring their service was accessible to a diverse range of women.

"...We have done really well in attracting the LGBT community; however, we didn't really make great inroads in upping our referrals from the learning disability community or the BAME community...I know they tried really hard, but it didn't reflect in a massive increase in referrals."

"There are barriers in terms of how we're communicating, what services are out there, and people finding that out, you know."

A potential reason for the lack of engagement from people with learning disabilities was that public services and social care providers often acted as gatekeepers of women with learning disabilities and the information and support they received.

"If the carers or whoever round about them doesn't believe in services like ours... then how're the women herself going to, you know, find out about us ... you know there are some fabulous male carers out there, but what if they're, you know, male carers that go, "that bunch of bloody feminists and them banging their drums", what if they're carrying that kind of attitude you know and that's projected."

"When you've got to depend on somebody, you know, bringing you an appointment, you know, facilitating that for you...the fact that you've got women coming here on the social hours of their care package, you know, I mean, come on, should it not be treated more as an NHS, like you know, a mental health appointment; it's not social time. It's not going to the blooming pictures."

#### **Barriers to Accessing Justice**

In terms of being able to access justice, the services we spoke to provided examples of the significant barriers women with learning disabilities face. This included, not being believed or taken seriously, challenges navigating complex legal systems and inconsistent local approaches to advocacy, accessible forms of communication and Appropriate Adult Services.

#### **Not Believed or Taken Seriously**

Women with learning disabilities experience of not being taken seriously was a significant theme. Gender-based violence service providers highlighted that the most significant barrier for many women is a fear of not being believed or taken seriously.

"I think it's still very much there in our society about will people believe what I'm saying has happened? And I think that's much more with agencies like police, health and things like that...."

"...They had been infantilised through services...Because the kind of workers kept saying, "Oh, she's just a wee lass" type thing, you know, she's just a wee girl or "oh God, she's like, so innocent and naïve"... They failed to say that she was very at risk of exploitation."

Examples of this are evidenced in the experience of one woman with a learning disability being lied to by her care provider about the man who abused her being prosecuted. In this instance, any opportunity of realising a right to justice had been denied to this woman.

"...Now, what I was told was that the police had decided that the case was going to have no further action because the gentleman was not considered to be of a sort of capacity. The care providers have told her that he went to prison. It's really, really difficult because she's obviously kind-a thinking, oh, he's in prison, and I'm safe if you like... what happens the day that she bumps into him and you know, what happens then."

... I worked with people with learning disabilities away back in the day, and I totally get... how sometimes people take the easy option. I totally get that, as I say, from the job that I do now. I look at the situation, and I'm like, really, is that really the best lying to her, so basically, it's not great."

When discussing the reasons for women with learning disabilities not being believed, one service detailed that women with learning disabilities may sometimes not be taken seriously due to difficulties they may face in providing a consistent statement.

"I've also had a lot of women that has been abused a couple of times with different perpetrators...the one in mind has got a mild learning disability, she does struggle to keep herself safe, she was married to a schedule one offender and got into a new relationship, and somebody else has physically abused her, and again it's down to that, is she telling the truth?"

"The police have asked me what impact her learning disability will have on her statement, in it's quite hard, I'm no a police officer, but you know that this person isn't known for lying. You've known them for years, but with their learning disability, they might struggle to put everything in a complete timeline, they might struggle to repeat the exact same information because of how their cognitive ability is, and I just feel...that kind of mentality's still there with support workers, it's there wae the police department, it can be there in the NHS as well"

Services highlighted that sometimes the risk posed to women with learning disabilities through commercial sexual exploitation was not taken seriously because some people saw sex work as a positive form of employment.

"They [other sex workers] didn't view what she was involved in as sexual exploitation. They viewed it as because of her learning disability, she would struggle to find other forms of employment. So, this was a potentially good way for her to make money... They saw it as a form of positive employment."

#### **Navigating Complex and Unequal Legal Systems**

Barriers to accessing justice reported by service providers mirrored barriers to accessing support. These include issues around ensuring women with learning disabilities can understand and participate fully in complex legal procedures.

"It's that lack of understanding about what's involved with the justice system and how to break it down into a level that they can understand... that can be a huge barrier for them."

"It's the understanding of what happens when you come to the police.... what that legal process involves, what a police inquiry involves, you know, any kind of follow on from that, like court proceedings, things like that, for me a think it's, the biggest barrier is understanding of that."

One service also highlighted their concerns that due to communication barriers, women with learning disabilities were not being given equal access to justice.

"It's all too easy for people to be talked for. Are people even taking seriously people with disabilities? Are people picking up on certain elements actually being a crime and taking it to that criminal justice? It's hard when someone isn't able to articulate it as confidently as others."

Another service highlighted that navigating justice was difficult for everyone, including people with learning disabilities. It was, even more challenging for women with learning disabilities, who did not receive the same standard of treatment as their male peers.

"It was a man [with learning disabilities] that I worked with that was a victim of genderbased violence... the police services, the procurator fiscal, the court and everything like that were absolutely fantastic, with him... He got to visit the court, he got shown around, he got like de-sensitisation work prior to giving his evidence, which is great for him... and there was a successful conviction at the end of it...but for any woman that ever worked with, it's either, never went any further than the small investigation. Then it's like, "that person's got a learning disability as well", so it's not went any further."

# **Inconsistent Local Approaches to Advocacy, Accessible Communication and Appropriate Adults**

Services we interviewed highlighted an inconsistent approach to advocacy, accessible communication and appropriate adult services across Scotland, outlining the differences in provisions from one local area to another. Services told us that even where advocacy support was made available to support a woman with learning disabilities understanding, this was not always helpful.

"In my experience, I've spoken to a lot of people with support workers, advocacy workers and things, present... and a lot of the time, they just sit in the corner."

"Some survivors don't have the right information or the right advocates to get them the right support that they need in court, and that's one of the things as well about accessibility like, if you don't know it's there, how do you get it and if you ask for it, but you've not got someone there to help you go through that process, you know."

This was not to say that services always found advocacy unhelpful, rather that it had to be used appropriately to aid understanding.

"Solicitors can be incredibly difficult to understand. Like they talk about it because it's, you know, that's their job, and they understand all of this, but it's hard if you're going in there, you've been through the traumatic situation you're trying to understand. So, the advocacy workers would help guide survivors through that process."

There was a mixed response from the services we spoke to regarding using accessible resources such as Easy Read or Talking Mats to assist individuals understanding.

"I love easy read stuff. I think easy read should be used for the whole population cause I think it makes it so much easier for everybody to understand...."

"I'm not trained to deal with that, and I think it's really difficult trying to keep the legal information right but also... to tailor it to an individual..."

Services also outlined that 'special measures' were not applied across the board despite this being a legal requirement.

"You should always be able to ask for...special measures, and they should be given because it's your safety. But this is the thing that we come up against time and time again where it's easier for them not to have to do these things, so they don't do them, which is wrong."

The use of appropriate adults to help women with learning disabilities navigate the justice system, was also inconsistent. Confusion around whether victims and witnesses could access appropriate adult services was also observed.

"I have used the appropriate adult service for people, whenever I saw people in the past... great service, but it's not something that I've ever used for a witness..."

"They might go to give a statement to the police, and they might think this person okay, they can give a statement, whereas an appropriate adult should have been made available to that person."

One organisation focused on the importance of having more appropriate adults available for the reporting of crimes of sexual violence.

"That can be really difficult if there's been sexual violence, then you're waiting to give a statement because you're waiting on that appropriate adult to be made available to you. You're sitting in your house in the same clothes you've had on from the day before when it happened because you're told to keep those clothes."

There's not an appropriate adult who can be there to support you through this. There should be more people made available for that."

# **LEGISLATION AND POLICY IN PRACTICE**

As part of the interviews, service providers were asked to reflect on how current policy and legislation impacted the provision of support for women with learning disabilities and whether they thought current processes were effective.

Services provided reflections primarily related to the Adult Support and Protection (Scotland) Act 2007, the Equality Act (2010) and 'Equally Safe: Scotland Strategy for Preventing and Eradicating Violence Against Women and Girls' (2018) and, in particular, the use of Multi-Agency Risk Assessments Conferences (MARACs)

# Legislation: Adult Support and Protection (Scotland) Act (2007)

A significant focus of the feedback given during interviews was the use of Adult Support and Protection Legislation. Services we spoke to stated that when women with learning disabilities experienced gender-based violence, they were often referred to Adult Support and Protection teams.

"We've found that when they voice that they need support, often it goes down the adult support and protection route rather than going down the gender-based violence route."



This approach was used because staff viewed it as the most appropriate measure due to their organisational policies.

"We're duty bound to take it through adult support and protection,... and put in AP1's [Adult Protection Referral Form] if they're meeting the three-point test"

Another service outlined that Adult Support and Protection measures were most frequently used despite other routes being available to women with learning disabilities.

"I've had a conversation with the police around this. People don't have to just solely go down Adult Support and Protection. You know, if it's somebody that's experiencing domestic abuse actually, they could also go down the MARAC route. There's no reason why they can't fit in both because how we would deal with people will be different depending on what route they go down. So I'm not saying that one should, you know, take over the other I'm just trying to get them to see that ... it's still worthwhile to explore both options."

Services also outlined some broader concerns with using Adult Support and Protection processes in all cases involving women with learning disabilities who experienced gender-based violence. Services shared examples of women not being able to attend their ASP case conferences, perpetrators being able to participate in these meetings and cases of women not being believed and finding the process unhelpful.

"[Name removed] generally doesn't attend the adult protection case conferences.... and she's not, she's not present. "

"As soon as it goes down ASP route, often you know what we've seen is that often perpetrators end up being involved in discussions. So, you know, that has a whole issue."

"I'm thinking, do you know about somebody that was once spoken to, with their perpetrator sitting there and told that they were kind of wasting time... It's just that lack of understanding, lack understanding from professionals and lack of understanding about how you deal with things..."

"The woman didn't feel it was helpful for her – it was actually the woman herself. She felt as though they weren't contacting her when they said they were, or doing this at the time that they said they would do it...."

Additionally, concerns were expressed that when Adult Support and Protection measures were used in cases involving gender-based violence, specialists were not always involved meaning essential issues could be missed.

"...By the time we get word of it, it's just by chance that somebody's considered it to be gender-based violence, whereas actually if we were involved right from the beginning, we were much more likely to identify things. So no, we're not involved as much as I think we should be."

"So the disadvantage is you've got people round the table that know nothing about gender-based violence or the dangers...But at the same time, they know the adult support and protection laws inside out... So it's probably about looking at a way that we can work much better and, you know, together."

Service providers also reported concern about the lack of autonomy for women with learning disabilities subject to Adult Support and Protection measures.

"It takes away a little bit of that choice around how you might want to have some of that support or the freedom to sort of move and deal with that particular situation."

Despite several negatives being identified, some of the services interviewed also saw some benefits in the use of Adult Support and Protection measures. This included the sharing of information critical to safeguarding individuals and as a process to gain information about situations which raised concern.

"Everybody really worked together. They've got the common goal, and this is what everybody's going to do; everybody's playing their part, and it's all worked out...we're not always solving the problem, but you know, it's being managed. So, I think in terms of my experience, it's always been pretty positive."

"You kind of get...a version of events based upon what she thinks you want to hear, which isn't always necessarily the truth, and I've found that in other cases, it's kind of been a similar thing, but luckily because you've got all the different agencies and partners working together, we can... piece together what's going on."

"Making the referral was the right thing for her, and they then were able to support her through what was happening. So that one was positive for me... she told me, she said, "oh, that was good they were helping me with my money".

In one case, ASP was thought to be a positive tool in identifying gender-based violence.

"If there was a person that was out in the community, that wasn't being supported by our team yet, at all, but they were complex enough to come to our team, and the referral was for gender-based violence, I would imagine that would come through the adult support and protection process, that's probably how it would be identified."

# **Legislation: The Equality Act (2010)**

Understanding of equalities legislation was inconsistent resulting in varied approaches to collecting demographic data. In the cases of third-sector providers, data collected tended to be focused on meeting their funder's expectations.

"When you phone our helpline, you'll always be asked to gather some basic demographic information, and that's for our funders like we need to show who's contacting us...".

"So, we try to keep that as close as possible, so we're just collecting enough to keep ourselves and our funders."

When organisations did collect data, the approach was often not disaggregated by type of impairment. Therefore, data on whether individuals had learning disabilities were often missed. This was further negatively impacted on by confusion over General Data Protection Regulations (GDPR).

"What tends to happen though is that...we'll get some demographic information such as age range and location in Scotland. But, survivors tend not to want to answer the rest of our demographic questions because they know they're not going to be working with us long term. And why do we need to know that? We also try to work on the GDPR principles around gathering as little information as we need."

**Policy: Equally Safe Scotland Strategy for Preventing** and Eradicating Violence Against Women and Girls (Scottish Government, 2018) and Multi-Agency Risk **Assessments Conferences (MARACs)** 

MARAC, as recommended by 'Equally Safe', was seen by some service providers as a potential route to support women with learning disabilities who had experienced gender-based violence.

"I think the positive is that they're going to have people who work daily with genderbased violence, working daily with domestic abuse and honour-based violence.... So it's the right people round the table."

"It's such a quick process, and it's very centred around high risk, what has happened previously and making sure that I suppose that the women know what this means. What this process means, what you know, where it sits within the criminal justice process and support."

However, some agencies involved in MARAC reported having limited experience and access to resources to support women with learning disabilities effectively.

"The disadvantages might be that for some areas they're not used to working with people with a learning disability, or it might be that they've no got the type of resources that are required."

"The benefit of it...is that it should give the person a voice, that they're the centre of that story, whether that happens in reality, particularly with women with learning disabilities, whether that voice is sort of slightly more stifled ... and some of that sort of person-centred work will be removed."

Additionally, there were concerns that MARAC processes were not always well communicated to the people they sought to protect. In some cases, this was a result of limited funding and staff capacity.

"I think that there are issues around understanding what MARAC can actually do and what it's purpose is, which sometimes can be a bit nebulous, apart from a risk assessment and all these agencies getting together to make a plan, but it's not always well communicated back, who's the lead partner, you know, things like that."

"I think the most recent kind of MARAC reports have been saying that normally the person that coordinates it and speaks to the women is someone from like a women's service, and they've not been attending. Their attendance at MARACs is reduced because they're funding."

Learning disability services outlined that MARAC processes are not well understood.

"...I don't think there's enough known about MARAC, or what the process is, or how to access that for someone that's experienced gender-based violence... if we don't have the knowledge, we can't explain it to them that this is a supportive mechanism, so I would say everyone's lack of knowledge probably on MARAC is a hindrance to explaining that"

This lack of understanding in turn meant that MARAC was an underused approach to support women with learning disabilities at risk of serious harm due to gender-based violence.

"I've been in post for about three and a bit years, and I could probably count on one hand the amount of women with an LD [learning disability] that goes through the MARAC system. And we know that it [abuse] happens so much more than that."

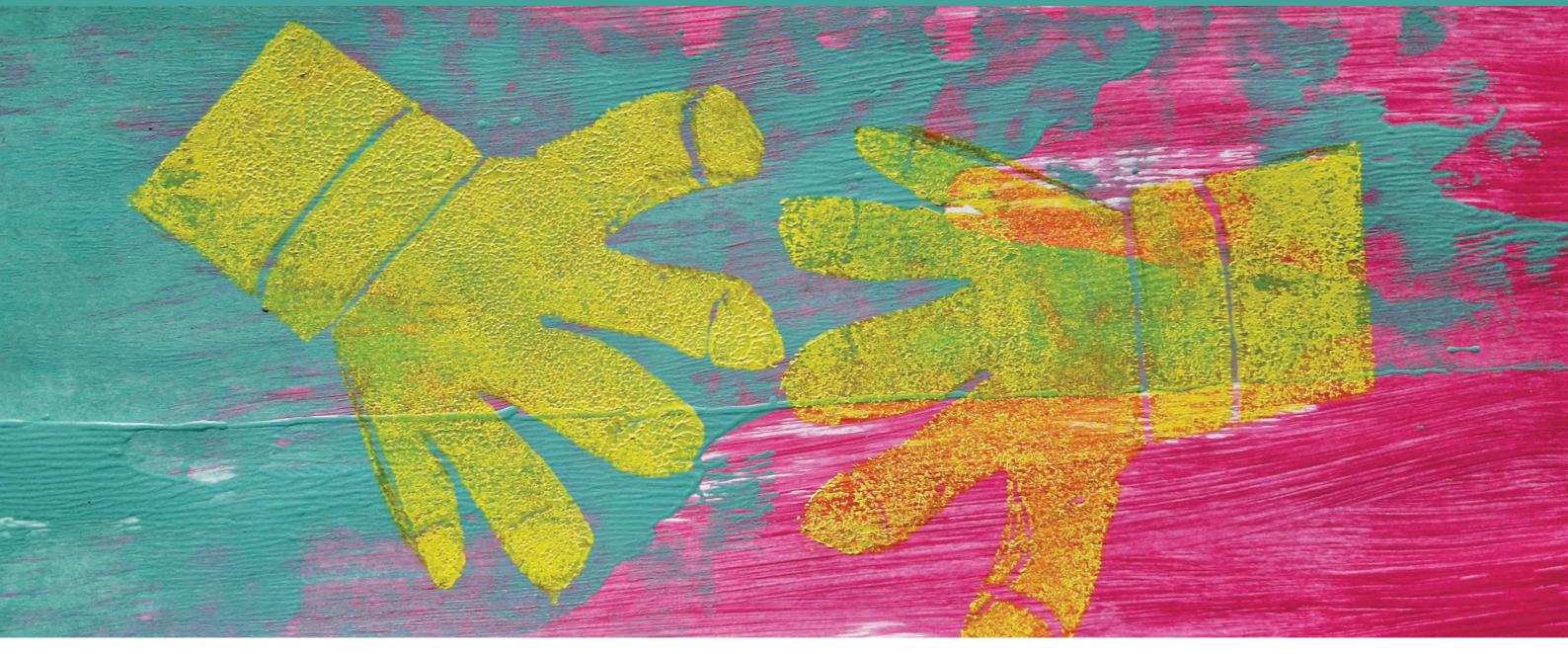
# **Policy: National Guidance on Child Protection** (Scottish Government, 2021)

The services we spoke to were aware of the issues surrounding learning disability, gender-based violence and child protection. Services acknowledged that child protection procedures acts as a barrier to women coming forward to report crimes of gender-based violence.

"Unfortunately, it's really sad when that's what puts women off [disclosing abuse] because ...we need to get better, I think, at explaining why we do it...Nobody wants to take children from mums, or rarely, so it's not the first step, and maybe we need to get better at telling people that."

Services seemed well-versed on the current guidance on child protection and the need to ensure women with learning disabilities had their voices and wishes considered whilst balancing this with any ongoing risk to children.

"I think we have to balance this regularly around the wishes of the woman versus safety. It's not an unheard-of thing. So I think we usually make sure we have conversations with the woman. If we think there's an element that's actually unsafe or if her wishes will make herself or her children unsafe, we would obviously step in at that point. But our perspective is that her voice needs to be heard the entire way through and that we would advocate on their behalf as well and support them to have their voice heard that way."



"So if a woman has been abused by her partner, and she has children, we would do a form called a risk assessment, and we go through it and ask different questions...And quite often, if a mum chooses to leave the property and take her children with her, the risk is automatically reduced."

"If there's still a chance that the children are witnesses to that [abuse], then we would potentially have to contact other services just to make sure people are safe."

# IMPROVING ACCESS TO SUPPORT AND JUSTICE FOR WOMEN WITH LEARNING DISABILITIES IN SCOTLAND

Services had ideas about how access to support and justice could be improved for women with learning disabilities. Key areas identified were relationship-based practice, challenging the perception of vulnerability and taking a trauma-informed approach. This included improving accessibility.

Support staff provided examples of what was working well and what was not in their services. These areas are discussed in more detail under the subheadings below.

# **Developing Relationship-Based Practice**

The importance of services being tailored to individual needs was also discussed. This is illustrated in the following statements.

"A lot of the time, it is emotional support for us or practical support with the advocacy side of it...If a person's going through the criminal justice, they would have an advocacy worker. But what we found with some people with learning disabilities, sometimes they need both. So sometimes they might need emotional support at the same time as needing advocacy support, and that gets put into place for them."

"What happens is that they would be the worker who that person would have the most contact with. So, if they were phoning up about anything, they would know who the worker was. They would be able to say who they are working with or say, "could you put me through to them" or "could you tell them I was phoning - I've got information for them". They are the people who would arrange for anything to be put in place for anybody at the court. So if they need special circumstances, it's the advocacy worker who arranges for all that in place for them."

To ensure a person-centred service, the organisations we spoke to highlighted the importance of developing a trusting relationship with the women they supported.

"It was her MHO [Mental Health Officer] that she had built a trusting relationship with...I don't think if it wasn't for her MHO, I don't think this young girl would've got her smear test [after she was sexually abused]...In trauma, trust is a massive thing."

Additionally, services highlighted the coordinated approach and transparency required to achieve this level of trust with women.

"I think sometimes it's just about the person who has got the trust handing over to another professional so that more and more people can start building trust...it's a lot of work, we all kind of have pieces that we all connect with, and it's about us working together to know when to hand that next piece of work over."

"It's a difficult one because we're here to give advice, but if we know that a crime has taken place, we have to investigate it. In a lot of the time, it's trying to explain, well, if you tell us about it, we will have to do something about it. "

For some, guaranteeing trust was a priority.

"That young person that I'm working with just now, the mum had asked me "If there is something that you feel I should know, would you tell me after they've been in to see you?", and I said, "only if I speak to the young person and only if they say it's okay"..."

"If they say "I don't want to report it to the police", that's absolutely fine. They don't have to do anything they don't want to do. They are asked about their options; we just take their choice, and it's what they want to do."

# **Challenging Perceptions of Vulnerability and** taking a Trauma-Informed Approach

Services highlighted that, at times, because women had a learning disability, they were not seen as individuals, which impacted their access to equitable levels of support.

"It's probably around just having that confidence that actually they're dealing with a woman. Often people get hung up about somebody's disability, rather than thinking that you know it's a person that is in front of them..."

In the case of women with profound and multiple learning disabilities, inequitable access to support was striking, and rather than taking a trauma-informed approach, their lives were further medicalised and, in some cases the women became institutionalised.

"The difficulty is that, because of the level of learning disability, they're probably not likely to be able to move beyond the safety and stabilisation stage. So being able actually to process and overcome that trauma may be a stage they'll never get to. One lady, in particular... she has ongoing psychosis that will always be a part of her life, she's going to be in and out of psychosis, you know, long term in her life. So to be able to do any therapeutic work, to you know, to move her beyond that is probably no going be possible for her."

"One of those ladies had a very, very, long stay in [name of hospital removed] because of the significant trauma that she'd been through."

Individualised support was highlighted as a cornerstone of a trauma-informed approach.

"Everything that we do comes through a trauma informed lens and all our workers go on a lot of training... It's something that we do try and balance well because people are coming to us talking about some of the worst experiences that they've went through. We don't want to make it harder. We want to make it easier, and we want to make it as supportive as possible..."

Improving Awareness and Understanding of Learning Disability, Gender-Based Violence and Accessibility

Participants were clear that improvements in awareness raising and training on learning disability and gender-based violence is needed for everyone.

"We definitely need something that's learning disability specific...if there was something... that social workers could be trained in that was more specific to our client group, it would definitely be helpful."

To achieve this, service providers recommended more joint working across learning disability and gender-based violence services.

"Services that you or I would access if we were victims of gender-based violence." training to them on learning disabilities, or more joint working...

We see that in a lot of the field... I've got a bit of expertise in that, but you're the expert on that, so let's work together."

Participants also recognised the need to make services, particularly mainstream support services, accessible to women with learning disabilities.

"They [people with learning disabilities] deserve exactly the same service. As I say, we just always make sure that everybody would understand what we are saying; we would say it in a way that is for everybody."

Using person-centred approaches to communication enabled the women to access trauma-informed support. Creative examples including art, the use of sandpits and drawing. These mediums empowered the women to disclose abuse and/ or express their feelings, fears and needs.

"Drawings because some people find that they've got literacy issues at the same time... it's one of the first things we always ask somebody when they come in. Then we would, rather than them having to say the words, they can draw things.... Sometimes being able to draw stick people or anything at all is a way of getting what they want to say over."

Several organisations were clear this was an area they could improve upon.

"We could be looking more at accessibility... like we are in the process of trying to do more, but it's never a fixed one and done like there's always something new we need to learn."

Some of those interviewed stated that a lack of funding and investment in their services meant they found it challenging to build staff capacity through training.

"Funding's a barrier to everything within this area...We each get a small training budget...but one course can take that up if you've got to do something specific, you know. Like if you want to go and do our training course on how to do a specific type of risk assessment, that's your training budget gone for the year... then you have to rely on what we get through different providers that sometimes is free and stuff like that... we're not funded to the level that's needed within this country..."

#### **SECTION 7: SUMMARY**

The key themes discussed in this section are:

- The types of gender-based violence and abuse which services encountered were mostly sexual assault, coercive control and commercial sexual exploitation.
- Perpetrators in these cases included family members, intimate partners, support workers, men with learning disabilities and men who sexually exploit women for financial gain.
- Barriers to accessing support included a lack of understanding of learning disability, lack of joint working, inconsistent quality and level of support, poor knowledge about gender-based violence and inaccessible information.
- Barriers to accessing justice included women with learning disabilities not being believed or taken seriously, challenges navigating complex and unequal legal processes, inconsistent local approaches to the provision of advocacy, accessible communication and availability of appropriate adults.
- Inconsistent approaches to applying legislation and policy to practice, such as Adult Support and Protection (Scotland) Act (2007), Equality Act (2010), National Guidance on Child Protection (2020), Delivering Equally Safe (2018) and MARACS Conferences.
- The need to improve access to support and justice for women with learning disabilities by the development of relationship-based practice, challenging existing perceptions of vulnerability, using trauma-informed approaches and improving awareness and understanding of learning disability, gender-based violence and accessibility.

# 8. RESEARCH FINDINGS AND DISCUSSION

"I need to possibly look at the legislation deeper, but I wouldn't necessarily say it pinpoints anything specific that you would need to do over and above for women with learning disabilities."

#### (Service Provider, 2022)

The findings of this report highlight the ongoing targeting and victimisation of women with learning disabilities by male perpetrators. It is critical that men themselves engage with the report's content and the issues contained within it. Male violence is the responsibility of men, and consequently they, more than anyone else, have the power to eradicate gender-based violence. Whilst men fail to act, intervene and challenge misogynistic behaviour, women continue to experience violence and abuse. This is no different for women with learning disabilities.

'Unequal, Unheard, Unjust: But not Hidden Anymore' shows women with learning disabilities are at increased risk from severe, frequent and repeated incidents of gender-based violence by a wide range of perpetrators. Despite this, there is no consistent approach across Scotland to enable them to access support and justice when this occurs. Instead, women with learning disabilities encounter significant barriers to realising their human right to support and justice. This includes challenges in reporting crimes, such as limited access to safe spaces and appropriate adults and not being believed or taken seriously.

Service providers reinforced these findings and added that women with learning disabilities faced challenges navigating the legal system, were subject to inconsistent local area approaches, and, in the most extreme circumstances, were prevented from accessing gender-based violence agencies and pursuing justice.

Furthermore, both women with learning disabilities themselves and service providers noted that it was particularly challenging for women and girls with learning disabilities to identify and respond to incidents of gender-based violence and abuse. This was attributed to a lack of preventive education programmes focusing on sexual health, relationship and parenthood education in additional support needs educational provision and other settings.

When examining whether existing policy and legislation appropriately supports and safeguards women with learning disabilities, service providers said that current legislative and policy measures do not appear to work for this population.

"There have been changes within the last few years around the support and legislation for women experiencing gender-based violence, right? Not disputing that in the slightest, but where in any of that legislation are they talking about groups of people who struggle to access basic forms of justice like I'm trying to think about the most recent Domestic Abuse Act in 2018-2019. I don't think there was a single word in there about women who have got further accessibility needs"

In fact, women with learning disabilities and some of the service providers interviewed were clear about the negative impact of existing legislative measures on women with learning disabilities who had experienced gender-based violence. In some cases, women feared disclosing violence and abuse because they did not want themselves or their children to be placed under Adult Support and Protection and/or Child Protection measures.

Interestingly, Macintyre and Stewart (2019), found that Adult Support and Protection were not used in cases involving women with learning disabilities and gender-based violence in three local authority areas5.

<sup>&</sup>lt;sup>5</sup> Falkirk, Clackmannanshire and Stirling between 2018/19

# 8. Research Findings and Discussion

However, SCLD heard of consistent approaches to using Adult Support and Protection processes which was of significantly varying quality.

Moreover, the most significant disparity in the findings was between women's experiences and service providers' views in relation to child protection. In some cases, this appeared to be a result of negative attitudes about women with learning disabilities' ability to parent.

Despite the 'Equally Safe' Strategy, none of the women interviewed as part of this research had been subject to MARAC processes. Service providers indicated that this was due to a lack of understanding among professionals about this process.

Additionally, responses from the Freedom of Information request (undertaken as part of this research) and service providers, illustrated that a lack of compliance with the Public Sector Equality Duty (PSED) was a critical issue. In some cases, data collection and publication on this topic were limited; in others, it was non-existent. There is also little evidence of disability data being disaggregated by impairment in line with Article 31 of the UNCRPD.

Given this report's findings, it is clear that urgent change is required. Women and girls with learning disabilities and service providers had numerous ideas regarding how this could be achieved, including improving accessibility of information about support services and how to reach them, developing relationship-based and trauma-informed approaches to practice, and challenging stigmatising perceptions of women and girls with learning disabilities as vulnerable. As detailed in the following:

"the Special Rapporteur outlines how traditional service and support models often perpetuate dependency and lack of agency by focusing on impairments and considering persons with disabilities as passive recipients of care. This approach is at odds with the Convention on the Rights of Persons with Disabilities, which is grounded in personhood, autonomy and community inclusion. Against this backdrop, he argues that a wholly new philosophy of service and support is emerging and requires clearer articulation in law and policy."

(UN, 2023, p.1)

A need for programmes focused on increasing awareness of gender-based violence, learning disabilities and accessibility was also highlighted.

Women with learning disabilities also spoke about their desire to work collectively with other women with similar experiences to champion and defend their human rights and create change.

Overall, the findings of this report illustrate disparate and unacceptable levels and quality of service response to women with learning disabilities who have experienced crimes of gender-based violence. This is underpinned by legislative and policy approaches which do not appear to meet these women's needs.

Based on these findings, a range of recommendations have been developed which we believe need to act as the pathway towards respecting, protecting and fulfilling women and girls with learning disabilities' human rights.

# 9. CONCLUSION AND RECOMMENDATIONS

"I don't actually know if there's a Scot Gov policy on women who experience like women with learning disabilities who experience gender-based violence like, I don't know if there is, and I probably should know if there is one, but like you know, I don't know if that policy or that exists within another policy, you know, I'm sure there's reference to it and some of the more like the stuff around Equally Safe and that, but I don't know."

#### (Service Provider, 2022)

Despite Governments' international commitments to progressively realise the human rights of all people across the UK and Scotland, SCLD believes that without immediate targeted intervention, the violence and abuse outlined in this report will continue largely unchallenged.

It is a hard reality that, in some cases, universalist approaches to legislation and policymaking do not always work. Some groups of people require bespoke and focused attention to protect their human rights. By examining where human rights are most at risk, as in the current research, it is clear that women with learning disabilities who have experienced gender-based violence are one of those groups.

SCLD and our partners believe we need to redouble our efforts to work together to resource and create national and local level changes that will lead to positive outcomes for these women. Without this work, they will continue to experience inequitable access to support and justice.

SCLD fully appreciates the difficult circumstances we currently operate in within Scotland, including the ongoing attacks on our Human Rights Act at a UK level and the cost of living crisis. However, we should not see these as a reason to avoid addressing the women's experiences detailed in this report.

Instead, we must look at opportunities to address these inequalities, for example, resourcing a national action plan on gender-based violence and learning disabilities. Consideration must also be given to the potential role of the proposed Learning Disability, Autism and Neurodiversity Commission/er in protecting the human rights of women and girls with learning disabilities who are at risk of or have experienced gender-based violence.

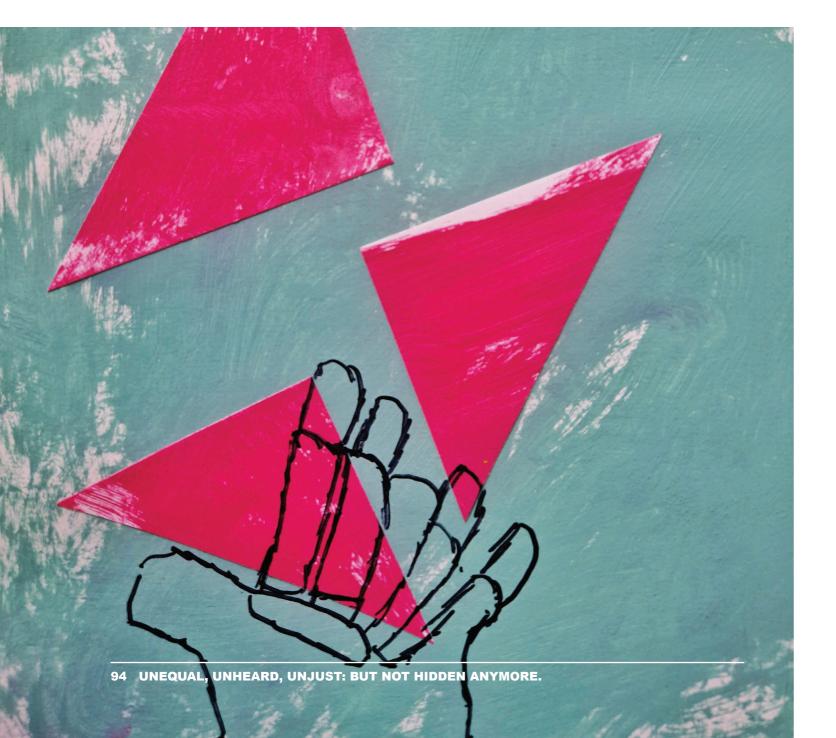
In the meantime, there can be no doubt that this research's horrifying findings mean that urgent action is required to empower women with learning disabilities to realise their human rights.



# 9. Conclusion and Recommendations

# **RECOMMENDATIONS**

The following recommendations have been prioritised to highlight those requiring immediate, short term and long term action. SCLD and People First (Scotland) look forward to working with women and girls with learning disabilities, the Scottish Government and other partners to implement these recommendations.



# **IMMEDIATE**

- National Human Rights Institutes (NHRIs) to co-create and deliver basic training on human rights standards, alongside women with learning disabilities. This training should be available for all services working in the prevention and reporting of crimes of gender-based violence.
- The ongoing Strategic Funding Review of Violence Against Women and Girls Services in Scotland to consult with and respond to the recommendations of women with learning disabilities who have experienced gender-based violence.
- Scottish Government to legislate for the provision of MARAC's across Scotland for the whole population.
- Scottish Government and partners, including women with learning disabilities, to address the lack of meaningful data through:
  - The development of an accessible framework for reporting crimes of a. gender-based violence
  - The robust collection and monitoring of incidents of gender-based violence against women and girls with learning disabilities including the use of Adult Support and Protection and MARAC in these cases
  - Data collection frameworks that comply with Article 31 of the **UNCRPD** and the Istanbul Convention.

# 9. Conclusion and Recommendations

## **SHORT TERM**

- Scottish Government to establish a national advocacy service for disabled women, including women with learning disabilities, who have experienced gender-based violence to enable them to access support and justice. This service must address the lack of specialist and bespoke provisions.
- Scottish Government and partners to conduct a human rights-based review on the use of Adult Support and Protection and MARAC processes in responding to gender-based violence cases involving women with learning disabilities.
- Scottish Government and other public agencies to resource leadership and participation projects working with women with learning disabilities who have experienced gender-based violence to better inform policy development and decision-making at a national and local level.
- Justice Services, including Police Scotland, to provide co-created national staff training on working with women with learning disabilities who have experienced crimes of gender-based violence.
- Scottish Government and Delivering Equally Safe to resource and support the development and roll-out of the Gender-Based Violence Services' Accessibility Audit Tool, which is currently being developed as part of Delivering Equally Safe. This tool will support services to ensure they are accessible to women with learning disabilities and will be ready for implementation by 2024.
- 10) Scottish Government, in partnership with the third sector, to run an accessible and inclusive public awareness-raising campaign on how women and girls with learning disabilities can access support when experiencing gender-based violence.

#### **LONG TERM**

- 11) Scottish Government, Education Scotland, local authorities and third sector partners to conduct a human rights-based review of relationships, sexual health and parenthood education in additional support for learning schools and other settings.
- Scottish Government, through Delivering Equally Safe, to commission national research examining the commercial sexual exploitation of women with learning disabilities in Scotland.
- Scottish Government to ensure future versions of Equally Safe and other relevant strategies embed the views and recommendations of women and girls with learning disabilities.
- 14) Scottish Government and NHRIs to take proactive steps to investigate and address ongoing and historic cases of child removal from parents with learning disabilities, based on their disability.

# **10. GLOSSARY OF TERMS**

Adults	People aged 16 or over.	Adults with Incapacity (Scotland) Act 2000	The Act provides a framework for safeguarding the welfare and managing
Adults at Risk	The Adult Support and Protection		the finances of adults who lack capacity
	(Scotland Act) 2007 describes 'Adults		due to mental illness, learning disability,
	at Risk' as adults who are unable to		dementia, or a related condition, or an
	safeguard themselves, their property,		inability to communicate.
	rights or other interests, are at risk of		
	harm, and because they are affected	Coercive Control	An act or pattern of acts of assault,
	by disability, mental disorder, illness or		threats, humiliation and intimidation or
	physical or mental infirmity, are more		other abuse that is used to harm, punish,
	vulnerable to being harmed than others who are not so affected.		or frighten their victim.
		<b>Commercial Sexual Exploitation</b>	Includes a wide range of, often linked,
Adult Protection Referral Form (AP1)	The document used to raise concerns		sexual activities which typically men
	to Social Work Services about Adults at		profit from, or buy from women and which
	Risk.		objectify and harm women.
Adult Support and Protection	Part 1 of the Act introduces measures to	Convention on Elimination of all	An international human rights treaty
(Scotland) Act 2007 (ASP)	identify and protect individuals who fall	Forms of Discrimination Against	adopted in 1979, which the UK agreed to
	into the category of 'Adults at Risk'.	Women (CEDAW)	follow in 1986. By following CEDAW, the
			UK agrees to take measures to ensure
Appropriate Adult Services	Appropriate Adults support people to		women's full enjoyment of human rights
	understand what is happening and to be		on an equal basis with men including
	understood during police investigations.		eradicating stereotyped roles for women
	They provide support to adults with		and men, ensuring women's equal
	communication support needs who are		participation in public life, equality before
	victims, witnesses, a suspect and/or an		the law and eliminating discrimination
	accused person in police investigations.		in employment.
	Although not a statutory responsibility,		

a small number of services provide Appropriate Adult support to people

during court processes.

# 10. Glossary of Terms

Equally Safe: Scotland's
Strategy for Preventing and
Eradicating Violence Against Women
and Girls

Equally Safe is Scotland's strategy to prevent and eradicate violence against women and girls by ensuring women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.

#### **Gender-based violence (GBV)**

Violence that is directed against a woman because she is a woman or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.

#### **Learning Disability/ Disabilities**

A learning disability is significant and lifelong. It starts before adulthood and affects a person's development. This means that a person with a learning disability will be likely to need help to understand information, learn skills and live a fulfilling life. Some people with learning disabilities will also have healthcare needs and require support to communicate.

#### **Learning Difficulty/ Difficulties**

Learning disabilities are sometimes referred to as 'learning difficulties'.

A learning difficulty is a difficulty in processing information; for example dyslexia and dyspraxia are learning difficulties. Learning difficulties do not usually affect a person's development in the same way as a learning disability.

#### **Mental Health Officer (MHO)**

MHOs are involved in the assessment of individuals experiencing mental disorder who may need compulsory measures of care, treatment and, in some cases, detention.

# Multi-Agency Risk Assessment Conference (MARAC)

Multi-Agency Risk Assessment
Conferences are attended by a range of service providers with a view to sharing information to safeguard victims who are at the greatest risk of serious harm or murder because of domestic abuse.

#### **National Guidance on Child Protection**

This Guidance informs the development of local multi-agency child protection procedures, processes and training, which support the care and protection of children across Scotland.

#### Schedule One Offender

Schedule One offences are actions that cause harm to a child. However, the term Schedule One offender has now been replaced with the term 'person posing a risk to children'. A list of all the schedule 1 offences is contained in the Criminal Procedure (Scotland) Act 1995.

# 10. Glossary of Terms

#### **Special Measures**

Special measures are a series of provisions that help vulnerable and intimidated witnesses give their best evidence in court and help to relieve some of the stress associated with giving evidence. Special measures apply to prosecution and defence witnesses, but not to the defendant and are subject to the discretion of the court. Paragraph 2.20, Part B, of the Code of Practice for Victims of Crime (the Victims' Code) requires prosecutors to give early consideration to making a Special Measures application to the court, taking into account any views expressed by the victim.

The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (The Istanbul Convention)

An international human rights treaty which protects women against all forms of violence, obliges states to prevent, prosecute and eliminate violence against women and domestic violence, and establishes a specific monitoring mechanism to ensure effective implementation of its provisions by state Parties.

The Equality Act 2010

The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all, by protecting individuals from unfair treatment and discrimination.

# The Human Rights Act 1998

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

United Nations Convention on the Rights of the Child (UNCRC)

The Act sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.

An international human rights treaty adopted in 2006. The UK agreed to follow it in 2009. By following CRPD, the UK agrees to protect and promote the human rights of disabled people, including eliminating disability discrimination, enabling disabled people to live independently in the community, ensuring an inclusive education system and ensuring disabled people are protected from all forms of exploitation, violence and abuse.

An international human rights treaty that covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. The Convention also explains how adults and governments must work together to make sure all children can enjoy all their rights.

Abusive Behaviour and Sexual Harm (Scotland) Act 2016, Acts of the Scottish Parliament, 2016 asp 22

Adult Support and Protection (Scotland) Act 2007, Acts of the Scottish Parliament, 2007 asp 10

Amborski, M. A., Bussières, E. L., Vaillancourt-Morel, M.P., & Joyal, C. C. (2021). Sexual violence against persons with disabilities: A meta-analysis. Trauma, Violence, & Abuse, 23(4), 1330–1343. https://doi.org/10.1177/1524838021995975

Ballan, M. & Burke Freyer, M. (2012). Self-Defence among women with disabilities: an unexplored domain in domestic violence cases. Violence against Women 18(9). 1083-1107. https://doi.org/10.1177/1077801212461

Bowen, E. & Swift, C. (2019). The prevalence and correlates of partner violence used and experienced by adults with intellectual disabilities: a systematic review and call to action. Trauma, Violence and Abuse 20(5). DOI: 10.1177/1524838017728707

Breckenridge, J. (2017). The relationship between disability and domestic abuse. In N. Lombard, (Ed.) The Routledge handbook of gender and violence. Routledge.

Brown, H. (2004) A rights based approach to abuse of women with learning disabilities. Tizard Learning Disability Review, 9 (4): 41-44. https://doi.org/10.1108/13595474200400038

Callanan, C. (2012). Helping women escape abuse and violence in the home, Learning disability Practice, 15 (4), 8-9.

Caton, S., Thackray, D., & Carr, N. (2021). An evaluation of the "Us Too" project: people with learning disabilities speaking up on domestic abuse. https://arcengland.org.uk/wp-content/uploads/2021/07/Us-Too-Evaluation-report-by-MMU-June-2021.pdf

Cavalier, T. (2019). An easy access freedom programme: a new initiative in the provision of DVA services for women with learning disabilities, Journal of Gender Based Violence, 3 (1): 119-28. https://doi.org/10.1332/239868019X15475691500605

Chadwick, D., Wesson, C. & Fullwood, C. (2013). Internet access by people with learning disabilities and opportunities. Future Internet 5(3) 376-397. https://doi.org/10.3390/fi5030376

Chang, J. C., Martin, S. L., Moracco, K. E., Dulli, L., Scandlin, D., Loucks-Sorrel, M. B. & Turner, T. (2003). Helping women with disabilities and domestic violence: strategies, limitations and challenges of domestic violence programs and services. Women's Health 12(7) 699-709. DOI: 10.1089/154099903322404348

Codina, M., Pereda, N. & Guillera, G. (2020). Lifetime victimization and poly-victimization in a sample of adults with intellectual disabilities. Journal of Interpersonal Violence 37(5-6):2062-2082. DOI: 10.1177/0886260520936372

Codina, M. & Pereda, N. (2021). Characteristics and prevalence of lifetime sexual victimization among a sample of men and women with intellectual disabilities. Journal of Interpersonal Violence 1-23. https://doi.org/10.1177/08862605211006373

Coleman, N., Sykes, W. & Walker, A. (2013). Crime and Disabled People. Baseline statistical analysis of measures for the formal legal inquiry into disability-related harassment. Research Report 90. Equality and Human Rights Commission. https://www.equalityhumanrights.com/sites/default/files/research-report-90-crime-and-disabled-people.pdf

Collings, S., Strnadova, I., Loblinzk, J. & Danker, J. (2019). Benefits and Limits of Peer Support for mothers with intellectual disability affected by domestic violence and child protection. Disability and Society 35 (3) 413-434. DOI: 10.1080/09687599.2019.1647150

Council of Europe, The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, November 2014, ISBN 978-92-871-7990-6.

Dixon, J. & Robb, M. (2016). Working with women with a learning disability experiencing domestic abuse: How social workers can negotiate competing definitions of risk, British Journal of Social Work 46 (3): 773-788. DOI: 10.1093/bjsw/bcu149

Domestic Abuse (Scotland) Act 2018, Acts of the Scottish Parliament, 2018 asp 5

Dunn, K., Rydzewska, E., Fleming, M., & Cooper, S. A. (2020). Prevalence of mental health conditions, sensory impairments and physical disability in people with cooccurring intellectual disabilities and autism compared with other people: a cross-sectional total population study in Scotland. BMJ Open 2020;10:e035280. DOI: 10.1136/bmjopen-2019-035280

Emerson, E. and Roulstone, A. (2014). Developing an evidence base for violent and disablist hate crime in Britain: findings from the life opportunities survey. Journey of Interpersonal Violence 29, (17): 3086-3104. DOI: 10.1177/0886260514534524

Engender (2018). Our bodies, our rights: Identifying and removing barriers to disabled women's reproductive rights in Scotland. Engender.org

https://www.engender.org.uk/files/our-bodies,-our-rights-identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-scoltand.pdf

Equality Act 2010, UK Public General Acts, 2010 c. 15

European Agency for Fundamental Rights (2014). Violence against women: an EU wide survey. European Agency for Fundamental Rights.

https://fra.europa.eu/sites/default/files/fra\_uploads/fra-2014-vaw-survey-main-results-apr14\_en.pdf

Fraser of Allander Institute (2021). Invisible no more: Recommendations to build evidence-based effective action for people with learning disabilities in Scotland. Fraser of Allander Institute

https://fraserofallander.org/wp-content/uploads/2021/10/Invisible-No-More.pdf

Fraser-Barbour, E. (2018). On the ground insights from disability professionals supporting people with intellectual disability who have experienced sexual violence. Journal of Adult Protection, 20 (5/6): 207-220. DOI: 10.1108/JAP-04-2018-0006

Freedom of Information (Scotland) Act 2002, Acts of the Scottish Parliament, 2002 asp 13

Frohmader, C., Dowse, L. & Didi, A. (2015). Preventing violence against women and girls with disabilities: Integrating a human rights perspective. Women with Disabilities Australia

https://wwda.org.au/wp-content/uploads/2015/04/Think-Piece\_WWD.pdf

Hassouneh-Phillips, D. & Curry, M. A. (2002). Abuse of women with disabilities: state of the science. Rehabilitation Counselling Bulletin, 45 (2): 96-104. DOI: 10.1177/003435520204500204

Hollomotz, A. (2012). Disability, Oppression and Violence: Towards a Sociological Explanation. Sociology 47(3) 477-493.

Hughes, R. B., Lund, E. M., Gabrielli, J., Powers. L.E. & Curry, M. A. (2011). Prevalence of interpersonal violence against community-living adults with disabilities: a literature review. Rehabilitation Psychology, 56(4) 302-19. DOI: 10.1037/a0025620

Human Rights Act 1998, UK Public General Acts, 1998 c.42

Lund, E. (2011). Community-based services and Interventions for adults with disabilities who have experienced interpersonal violence: A review of the literature. Trauma, Violence and Abuse 12(4) 171-182. DOI: 10.1177/1524838011416377

MacIntyre, G. & Stewart, A. (2019). Survivors Project – First Year Evaluation Report 2018/2019: Central Advocacy Partners

http://centraladvocacypartners.org.uk/assets/images/EvaluationYear1FinalReport.pdf

MacIntyre, G., Stewart, A. & McGregor, S. (2019). The double-edged sword of vulnerability: explaining the persistent challenges for practitioners in supporting parents with intellectual disabilities Journal of Applied Research in Intellectual Disabilities 32(6) 1523-1524. https://doi.org/10.1111/jar.12647

MacIntyre, G. & Stewart, A. (2020). Survivors Project – Second Year

Evaluation Report 2019/2020. Falkirk: Central Advocacy Partners http://centraladvocacypartners.org.uk/assets/images/EvaluationYear2Report2020.pdf

MacIntyre, G. & Stewart, A. (2022). Women with learning disabilities who have experienced domestic violence. IRISS Insight 65.

https://www.iriss.org.uk/resources/insights/working-women-learning-disabilities-who-have-experienced-gender-based-violence

Mackay, K. (2017). Choosing to live with harm? A presentation of two case studies to explore the perspective of those who experienced adult safeguarding. DOI: interventions. Ethics and Social Welfare, 11 (1) 33-46. https://doi.org/10.1080/17496535.2017.1280069

Melgar-Alcantud, P., Campdepadros-Cullell, R., Fuentes-Pumrola, C. & Mut-Motalva, E. (2020). 'I think I will need help': A systematic review of who facilitates the recovery from gender-based violence and how they do so. Health Expectations 24(1)1-7. DOI: 10.1111/hex.13157

Majeed-Ariss, R., Pablo, M. & White, C. (2020). The disproportionately high prevalence of learning disabilities amongst adults attending Saint Marys Sexual Assault Referral Centre. Journal of Applied Research in Intellectual Disabilities. 33(3) 595-603. https://doi.org/10.1111/jar.12703

McCarthy, M. (2014). Brick by brick: building up our knowledge base on the abuse of adults with learning disabilities, Tizard Learning Disability Review, 19(3) 130-133. https://doi.org/10.1108/TLDR-12-2013-0051

McCarthy, M. (2016). What are the support needs of women with learning disabilities who have been abused? Tizard Learning Disability Review. 21 (1): 39-42. DOI: 10.1108/TLDR-09-2015-0036

McCarthy M (2017) 'What kind of abuse is him spitting in my food?': reflections on the similarities between disability hate crime, so-called 'mate' crime and domestic violence against women with intellectual disabilities. Disability & Society, 32(4) 595-600. https://doi.org/10.1080/09687599.2017.1301854

McCarthy, M., Hunt, S. & Milne-Skillman, K. (2017). "I know it was every week, but I can't be sure it was every day" Domestic Violence and Women with learning disabilities. Journal of Applied Research in Intellectual Disability 30(2) 269-282. https://doi.org/10.1111/jar.12237

McCarthy. M (2019). "All I wanted was a happy life": the struggles of women with learning disabilities to raise their children while also experiencing domestic violence, Journal of Gender Based Violence, 3 (1):101-17. DOI: 10.1332/239868019X15475690594298

McCarthy, M., Bates, C., Triantafyllopoulou, P., Hunt, S. & Milne Skillman, K. (2019). "Put bluntly, they are targeted by the worst creeps society has to offer": Police and professionals' views and actions relating to domestic violence and women with intellectual disabilities', Journal of Applied Research in Intellectual Disabilities. Wiley, pp. 71-81. DOI: 10.1111/jar.12503

McGilloway, C., Smith, D. & Galvin, R. (2020). Barriers faced by adults with intellectual disabilities who experience sexual assault: a systematic review and meta-analysis. Journal of Applied Research in Intellectual Disability 33(1): 51-66. DOI: 10.1111/jar.12445

Mencap. (2006). Reaching Out: Working with black and minority ethnic communities. https://lemosandcrane.co.uk/resources/Mencap%20-%20Reaching%20out.pdf.

Meer, T. & Combrinck, H. (2015). Invisible intersections: understanding the complex stigmatisation of women with intellectual disabilities in their vulnerability to gender-based violence, Agenda, 29 (2): 14-23. https://doi.org/10.1080/10130950.2015.1039307

Meer, T. & Combrinck, H. (2017). Help, harm or hinder? Non-governmental service providers perspectives on families and gender-based violence against women with intellectual disabilities in South Africa. Disability and Society 32 (1): 37-55. DOI:10.1080/09687599.2016.1269639

Mikton, C. & Shakespeare, T. (2014). Introduction to Special Issue on Violence Against People with Disability. Journal of Interpersonal Violence 29(17) 3055-3062. https://doi.org/10.1177/0886260514534531

National Institute for Health and Care Excellence. (2015). Mental health problems in people with learning disabilities: management of mental health problems in people with learning disabilities. National Institute for Health and Care Excellence https://www.nice.org.uk/guidance/ng54/documents/mental-health-problems-in-people-with-learning-disabilities-draft-scope2

Nixon, J. (2009). Domestic violence and women with disabilities: locating the issue on the periphery of social movements. Disability and Society, 24(1) 7-89. https://doi.org/10.1080/09687590802535709

Office of the High Commissioner on Human Rights. (2017). Report on sexual and reproductive rights of girls and young women with disabilities. OHCHR

https://www.ohchr.org/en/calls-for-input/report-sexual-and-reproductive-health-and-rights-girls-and-young-women-disabilities

Office for National Statistics (2018). Prevalence of partner abuse among adults aged 16 to 59, by long-standing illness or disability, by category, sex and type of abuse, year ending March 2017 Crime Survey for England and Wales.

www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/

Ortoleva, S. (2011). Inaccessible Justice: Human Rights, Persons with Disabilities and the Legal System. Journal of International & Comparative Law, 17 (2). https://nsuworks.nova.edu/ilsajournal/vol17/iss2/1

Pestka, K. & Wendt, S. (2014). Belonging: women living with intellectual disabilities and experiences of domestic violence. Disability and Society 29(7) 1031-1045. https://doi.org/10.1080/09687599.2014.902358

Plummer, S.B. & Findlay, P.A. (2012). Women with disabilities' experience with physical and sexual abuse: a review of the literature and implications for the field. Trauma, Violence and Abuse, 13 (1): 15-29. DOI: 10.1177/1524838011426014

Powers, L.E., Renker, P. & Curry, M. A. (2009). Interpersonal Violence and Women with Disabilities: Analysis of Safety Promoting Behaviours. Violence Against Women 15(9) 1040-1069. https://doi.org/10.1177/1077801209340309

Public Health Scotland (2020). Gender Based Violence and Learning Disability: Guidance for Practitioners. Public Health Scotland

http://www.healthscotland.scot/publications/gender-based-violence-and-learning-disability-guidance-for-practitioners

Robb, M. (2021). Social workers' conceptualisations of domestic Violence and abuse against people with learning disabilities. Doctor of Philosophy (PhD) thesis, University of Kent. (doi:10.22024/UniKent/01.02.87150) (KAR id:87150)

Scottish Commission for People with Learning Disabilities. (2019). Learning Disability Statistics Scotland, 2019.

https://www.scld.org.uk/wp-content/uploads/2019/12/Learning-Disability-Statistics-Scotland-2019.pdf

Scottish Commission for People with Learning Disabilities. (2020). How's Life Survey: Relationships Matter.

https://www.scld.org.uk/wp-content/uploads/2020/10/Relationships-Report-Executive-Summary-Easy-Read.pdf

Scottish Executive (2004). Report of the Inspection of Scottish Borders Council Social Work Services for People Affected by Learning Disabilities. Scottish Government Scottish Government. (2013). The Keys to Life: Improving quality of life for people with learning disabilities. Scottish Government

https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2013/06/keys-life-improving-quality-life-people-learning-disabilities/documents/keys-life-improving-quality-life-people/keys-life-improving-quality-life-people/govscot%3Adocument/00424389.pdf

Scottish Government. (2015). National Health and Well-Being Outcomes. Scottish Government

https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/9/

Scottish Government. (2017). Scotland's equality evidence strategy 2017-2021. Scottish Government

https://www.gov.scot/publications/scotlands-equality-evidence-strategy-2017-2021/pages/12/

Scottish Government. (2018). Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls. Scottish Government

https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/

Scottish Government (2019a). The Key's to Life: Unlocking Futures for People with Learning Disabilities Implementation Framework and Priorities 2019-2021. Scottish Government

https://www.gov.scot/publications/keys-life-implementation-framework-priorities-2019-2021/

Scottish Government. (2019b). Equally Safe delivery plan: year two update report. Scottish Government

https://www.gov.scot/publications/equally-safe-year-2-update-report/

Scottish Government (2021). National Guidance on Child Protection. Scottish Government

Scottish Government. (2021a). Recorded Crime in Scotland, 2020 – 21: a National Statistics Publication for Scotland. Scottish Government

https://www.gov.scot/publications/recorded-crime-scotland-2020-2021/

Scottish Government. (2021b). Learning/ Intellectual Disability and Autism Towards Transformation. Scottish Government

https://www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/

Tomsa, R., Gutu, S., Cojocaru, D., Gutiérrez-Bermejo, B., Flores, N. & Jenaro, C. (2021). Prevalence of sexual abuse in adults with intellectual disability: Systematic review and meta-analysis. International Journal of Environmental Research and Public Health 18(4):1980. https://doi.org/10.3390/ijerph18041980

Thiara, R. K., Hague, G. & Mullender, A. (2011). Losing out on both counts: disabled women and domestic violence. Disability and Society 26(6) 757-771. https://doi.org/10.1080/09687599.2011.602867

Truesdale. M. & Brown. M. (2017). People with Learning Disabilities in Scotland: 2017 Health Needs Assessment Update Report. Health Scotland.

https://www.healthscotland.scot/media/1690/people-with-learning-disabilities-in-scotland.pdf

UN Committee on the Rights of Persons with Disabilities (2014). General Comment Number 1 – Article 12: Equal recognition before the law.

UN General Assembly (1979). Convention on the Elimination of All Forms of Discrimination Against Women. United Nations, Treaty Series, vol. 1249, p.3

UN General Assembly (1989). Convention on the Rights of the Child (1989). United Nations, Treaty Series, vol. 1577, p.3

UN General Assembly (2006). Convention on the Rights of Persons with Disabilities. Resolution adopted by the General Assembly, 24 January 2007, A/RES/61/106

United States Department of Justice. (2015). Bureau of Justice Statistics Crime Against Persons with Disabilities, 2009-2015 Statistical Tables. https://bjs.ojp.gov/content/pub/pdf/capd0915st.pdf

van der Heijden, I. & Dunkle, K. (2017). What works evidence review: preventing violence against women and girls with disabilities in lower and middle income countries.

Walter-Brice, A., Cox, R., Priest, H. & Thompson, F. (2012). What do women with learning disabilities say about their experience of domestic abuse within the context of their intimate partner relationships, Disability and Society, 27 (4): 503-517. https://doi.org/10.1 080/09687599.2012.659460

Wiseman, P. & Watson, N. (2021). "Because I've got a learning disability, they don't take me seriously:" violence, wellbeing, and devaluing people with learning disabilities. Journal of Interpersonal Violence, 37(13-14), NP10912-NP10937. DOI: 10.1177/0886260521990828

Wisewomen (2015). Daisie Project, Violence against disabled women survey

https://www.wisewomen.org.uk/\_files/ugd/cb3167\_e40b71b05c8d4db7b9f8ad579ff1cf40.pdf

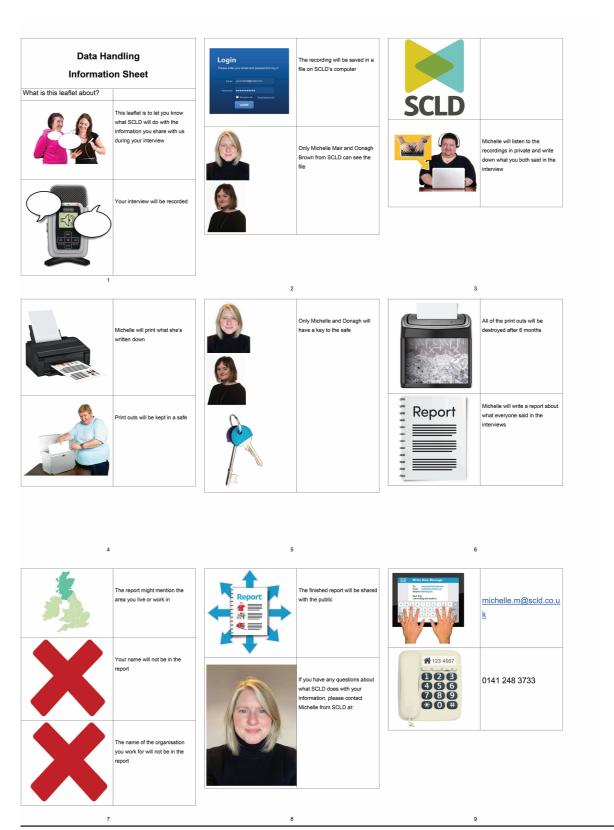
Woodin, S. & Shah, S. (2014). Report on research with women with disabilities and providers of specialised services for women who have experienced violence.

Comparative research report: Austria, Germany, Iceland and United Kingdom. DOI: 10.13140/RG.2.2.11525.55525

# **Appendix 1: Example Study Information Leaflet**



# **Appendix 2: Example Data Handling Information**



# Appendix 3: Questions included as part of the Freedom of Information Request to local authorities and Scottish Government?

- 1. How many adult concern referrals did you receive in 2021, and of these:
  - a. How many went to investigation?
  - b. How many went to case conference?
  - c. How many remained under ASP/ case management?
  - d. How many resulted in protection orders and what were they assessment orders, removal orders, banning or temporary banning order?
  - e. How many went to MARAC?
- 2. How many adult concern referrals did you receive for women with learning disabilities (as differentiated from specific learning difficulties such as dyslexia) in 2021, and of these:
  - a. How many went to investigation?
  - b. How many went to case conference?
  - c. How many remained under ASP/ case management?
  - d. How many resulted in protection orders and what were they assessment orders, removal orders, banning or temporary banning order?
  - e. How many went to MARAC?

- 3. How many adult concern referrals did you receive for women with learning disabilities (as differentiated from specific learning difficulties such as dyslexia) experiencing Gender-based violence in 2021, and of these:
  - a. How many went to investigation?
  - b. How many went to case conference?
  - c. How many remained under ASP/ case management?
  - d. How many resulted in protection orders and what were they assessment orders, removal orders, banning or temporary banning order?
  - e. How many went to MARAC?

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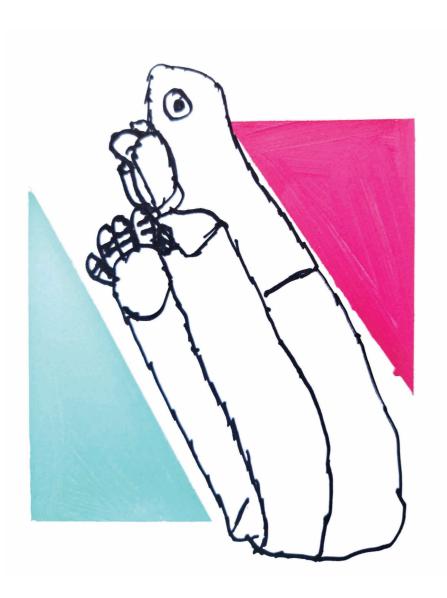
It is essential that we hear women with learning disabilities voices in order to understand and improve access to support and justice for them and empower those women and girls who have experienced gender-based violence to defend their own human rights and champion the human rights of others.











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