

We Matter Too:

Disabled young people's experiences of
services and responses when they experience
domestic abuse



ann craft trust
acting against abuse

Full report. November 2019

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Acknowledgements:

We would like to acknowledge the experiences, wisdom and contribution of the young people who shared their views and thoughts, and whose voices need to be heard. We would like to express our gratitude also to the many practitioners from all over the country for sharing their knowledge, experiences and views with us; their voices also need to be heard.

We wish to thank all those who facilitated interviews, and the advisory group for their tireless and unwavering commitment to the project.

Sincere thanks go to Lloyds Bank Foundation for England and Wales for funding the project and for their vision, mentoring help and support as a critical friend.

Thank you to Sarah Champion, MP and Jess Phillips, MP who both spoke at a launch for these findings and to all of the colleagues from NIDAS, Deaf Hope, Beverley Lewis House, SafeLives and the Survivors Trust for speaking and supporting this event.

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Executive summary

The work of several organisations including SafeLives and Women's Aid has highlighted that domestic abuse services are less effective in reaching some sections of the population. The SafeLives Spotlights report, 'Safe Young Lives' highlights that of all those experiencing domestic abuse, young people aged 16-20 and 21-24 years face the highest risks¹. Disabled people also face far higher risks of domestic abuse compared to non-disabled people^{2,3}. The Nottinghamshire Independent Domestic Abuse Service found that there were very high levels of family members with a disability within the families they supported⁴. In addition, Galop in their 2018 study, 'LGBT+ people's experiences of domestic abuse', found that 55% of participants self-identified as having a disability⁵.

This research project, 'We Matter Too', specifically explores the experiences and needs of those who are both young and disabled experiencing domestic abuse in order to address the gap in our understanding of the specific needs of this group.

Funded by Lloyds Bank Foundation for England and Wales, the 'We Matter Too' project has undertaken; in-depth interviews and discussion groups with disabled young people aged 17-30, and interviewed 37 practitioners, including managers and those in leadership roles in national organisations and from a range of statutory and voluntary services across children's and adult's social care, health, education and criminal justice. This includes services that address domestic abuse and those working with disabled children and young people.

The project aimed to:

- Understand more about disabled young people's experience of support and intervention
- Explore what disabled young people want from domestic abuse services and support agencies
- Understand from professionals what works to support disabled children, young people and their

¹ SafeLives (2017) *Safe Young Lives: Young People and Domestic Abuse*. SafeLives, Bristol.

<http://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

² Thiara, R., Hague, G., and Mullender, A. (2011) Losing out on both counts: disabled women and domestic violence. *Disability and Society*, 26, 6, pp757-771.

³ Public Health England (2015) *Disability and Domestic Abuse: Risks, Impacts and Response*. Public Health England. London.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

⁴ Nottingham Independent Domestic Abuse Services (2017) *Together: Research into the Awareness and Experiences of Domestic Violence and Abuse amongst Young People with Special Educational Needs and Disabilities*. NIDAS, Mansfield.

⁵ Magić, J. & Kelley, P. (2018). LGBT+ people's experiences of domestic abuse: a report on Galop's domestic abuse advocacy service. Galop, London. http://www.galop.org.uk/wp-content/uploads/Galop_domestic-abuse-03a-low-res-1.pdf

families and what the barriers to delivering this support are.

The overall objective of the project was to develop the evidence base and shine a light on the needs of a group of young people less likely to be noticed, asked, heard or able to tell about abuse that goes on often behind closed doors. It aims to support practice development, inform service design and delivery at management levels and seek the development of policy and guidance at strategic levels. An additional outcome of the project was to develop and pilot training materials in order to directly improve understanding and practice responses by professionals.

Key findings

What disabled young people said they need:

- To be asked.
- To be treated like they matter.
- To have professionals who check if they have understood.
- For professionals to understand that ‘asking for help is hard; it is scary’.
- For professionals to understand that it is difficult to make sense of what happens – we may not have understood that what we are witnessing and experiencing is abuse.
- For professionals, and especially the police, to understand that we are scared.
- To have people who try to understand our behaviour – we don’t always use words, we don’t always have the words.
- To have help to understand healthy relationships and choices.

Hidden population and hidden needs

1. Despite evidence that both young people and disabled people face greater risks, the effects of domestic abuse on disabled young people and their needs are not high on the agenda for policy and practice and often remain hidden.
2. Many young disabled people are living in harmful relationships often without knowing where to go. They face long delays in getting help which often does not appear until they are in crisis.
3. Many disabled young people do not meet the criteria for receipt of care in children’s, young people/transitions or adult disability services, and are not able to access mainstream services. They therefore remain invisible.
4. A significant group who remain hidden are those young people who do not have a diagnosis or their disability recognised, but who have learning needs and who have already experienced other losses, trauma or neglect and/or who may have been excluded from education.
5. The lack of service provision meant that few practitioners could give examples where disabled children and young people had received appropriate interventions. Some had not had help for years.

This may lead to a potential for unresolved traumas, and in some cases for normalised abusive behaviours to manifest in disabled young adults own relationships.

6. Concerns were raised about the high levels of violence disabled young adults faced within their own intimate relationships. Issues of isolation, low self-esteem, lack of education about healthy relationships and invisibility to services heightened vulnerability.
7. The specific targeting of disabled young people for sexual, financial and criminal exploitation was highlighted, and the links between experiencing domestic abuse and being targeting by criminal gangs was raised as an increasing, unmet issue.
8. Disabled young people are less likely to have a voice, be recognised, heard and seek or receive help than some other groups of young people. When they are distressed or unsafe they are not always understood; this has parallels to other forms of relationship harm and to exploitation.
9. While there are some pockets of good practice in a small number of services, it is patchy and the needs of young disabled people too often fall through the gaps between services, particularly between children and adults' services.
10. The research highlights how difficult it is for disabled young people to recognise domestic abuse, talk about it and seek help. Service provision is not readily available.
11. Practitioners highlighted that often it is not until placed away from home for other reasons that some young disabled people get a first opportunity to let anyone know what they have experienced.

Lack of data and awareness

12. Despite the Care Act (2014) introducing domestic abuse as a form of harm, many organisations do not collect data regarding disabled young women or men who have contacted them, been referred or supported.
13. Some services do not yet recognise the need to actively promote and explicitly provide support for disabled young people; meaning there is little visible help available to tackle increased risks and isolation.
14. The research has highlighted that there is a significant lack of recognition and awareness of the issues, or of multi-agency practice, from some key areas across social care, education, health, police and disability organisations to meet the needs of this group.
15. Awareness by frontline practitioners of unmet need was evident in many cases but the majority had not had appropriate training and lacked knowledge and awareness of the needs of this group.

16. Lack of previous contact or working relationships between domestic abuse and disability services in local areas was evident in many areas.
17. Staff in some services are often unaware of the impact of disabilities, particularly learning and sensory needs on young people and the risks they might face.
18. Staff in supported living environments, day centres and day care need to be included in training about domestic abuse and be encouraged to consider the safety of relationships and power dynamics wherever disabled young people spend their time.
19. Many services do not have the resources, nor have they adapted existing resources, to reach or deliver their support in ways that would work for disabled young people.
20. Many services, both statutory and in the voluntary sector, reported lacking the skills and experience to work with disabled young people.

Gendered and sexuality needs of disabled young people

21. Disabled young mothers fear losing their children and are therefore reluctant to ask for help when they face domestic abuse.
22. Additional challenges were noted for young mothers with disabled children meaning families were forced to stay in abusive situations. These included a lack of mobility for families who need to be close to specialist provision, who lived in adapted homes, whose children needed specialist equipment, or who needed support from wider family/friendship networks. Ties to a geographical area reduce the chances of finding safe alternative housing given the limited provision available. Few refuges also accommodate teenage boys making it difficult in terms of accessing help.
23. Disabled young men are far less visible in any services, with the exception of some special colleges and residential settings who reported the need to offer help and support with domestic violence. However, these education settings include only very small numbers of disabled young men in relation to the national population of disabled men who are estimated to be experiencing domestic abuse.
24. A particular gap was identified in meeting the needs of LGBT+ disabled young people experiencing violence in their relationships. The limited safe spaces, places and services available increases the isolation of this group.

Normalisation of violence against disabled young people

25. Concern was raised regarding the use of restraint and force against some disabled young people in some residential, secure, educational and other settings which was felt to be leading some disabled young people to internalise messages that physical aggression is normal.

Misconceptions concerning trauma and abuse of disabled young people

26. Concerns were raised by professionals that a lack of understanding led to assumptions being made that signs of abuse, trauma or distress were related to a child's impairment, leading to less identification of domestic abuse.
27. Recognition comes hand in hand with training and whilst many services in all agencies demonstrated deep commitment to young people, working often in very difficult conditions, they lacked knowledge and training concerning trauma and abuse of disabled children.

Importance of careful consideration of violence by young people towards family and carers

28. Violence towards parents/carers and siblings by disabled young people is a concern and requires careful consideration. Blaming and criminalising young people in this context is not a lasting solution. Support and listening to parents/carers is crucial, as well as understanding a young person's behaviour and its context.
29. The focus has often been upon young people's behaviour (seen as challenging) rather than understanding it and what is driving it. This needs to be linked to reflection on earlier provision of key support, communication and therapeutic work and the need for a coordinated, holistic and a whole life multi-agency approach in the planning of support for families with disabled children and young people as they grow.

Involving and listening to disabled young people

30. Disabled young people want to be heard about domestic abuse, they have many suggestions about how to improve both prevention and provision to meet their needs. Having someone to talk to/communicate with and who listened to them was seen as vital to their protection and recovery.
31. Disabled young people want help to learn about healthy relationships and for professionals to recognise that they have a right to this information as they will have their own relationships.
32. Creating the right conditions for staff to notice and for disabled young people to feel safe to ask and communicate is key.

Need to develop and evaluate practice in working with disabled young people

33. The pockets of growing, emerging positive practice need to be evaluated, further developed and learning shared.
34. There is a general appetite to understand the complex picture of domestic abuse and the particular circumstances of disabled young people. This should be further encouraged.

35. Practitioners are honest about what they know and do not know and are looking for better solutions. Workers, however, sometimes do not ask because they feel they should know.

How to improve practice

36. Good practice with disabled young people was identified as understanding the social and emotional consequences of unhealthy friendships and relationships where disabled young people can be isolated and vulnerable.
37. Creating trusting relationships through taking time, providing practical help and showing kindness and consideration was identified as of importance in supporting disabled young people.
38. Some young disabled adult care is dated culturally and is entirely about protection and containment, rather than opening up conversations and proactively meeting needs. A refocus of practice was seen as vital.
39. Some parents, carers and workers are over protective, with the result that they may avoid helping disabled young people understand healthy relationships, believing that they may not wish to enter relationships. Parents/carers and workers need support to reframe these messages.
40. Transitional planning is an opportunity to embrace these areas if addressed in a context of multi-agency and partnership working.
41. The transition of disabled young people into adult social care is a key time where domestic abuse and other forms of violence and exploitation including sexual and financial exploitation, and modern slavery should be firmly on the agenda.
42. Greater awareness and recognition is needed of it being part of the responsibilities for practitioners to help disabled young people make sense of relationships, of consent, safety and healthy relationships and how to recognise these; some young people do not receive help to make sense of their rights to be safe, rights to choose and the rights and choices of others.
43. Sex and relationships education needs to be part of training agendas and planning at case level to help disabled young people move forward in their lives and to help staff identify young people who have not had this help. This needs to be considered in safe ways in multi-agency practice and partnership with the young person. These issues need to be seen as being as important as other aspects of preparation for choices ahead and transitions to adulthood. They need to be included in reviews and care planning.

44. Training needs to include working with complex emotions, fear and anxiety. Domestic abuse challenges practitioners to make sense of complex dynamics, to learn to be able to positively challenge and to have management support to do so. Staff need the right support and guidance to work effectively and to teamwork across agencies to help disabled young people to be safer.
45. Work to explore values and ensure reflection to create open safe non-discriminating cultures amongst professionals is important and needs leadership.
46. Disabled young people need staff to be able to understand how their capacity for choice and ability to exercise capacity may be limited by pressure, coercion, threats, or limited options due to structural barriers. And that this may not be expressed verbally, may take different forms and that young people need support to be able to learn to trust and understand difficult options. They may need advocacy and multi-agency responses.
47. Work to tackle those who harm and abuse needs to be on the map; it is not enough to support victims alone. It is also vitally important to address victim-blaming practice. Training for staff needs to include the need to work in partnership to ensure the effective sharing of information, analysis and teamwork to address and investigate abuse.

All young people face challenges growing up, forming relationships and being safe; this project hopes to contribute to increasing safety by improving how we understand and respond to the needs of disabled young people who have the same rights to be safe as all young people. The following presents recommendations for change.

Recommendations

National and Local Policy Level

1. The 2014 Care Act's recognition of domestic abuse was very much welcomed and now needs to be translated into national multi-agency practice guidance informed by research and by the Equalities Act to address the specific additional risks of invisibility and difficulties accessing support faced by disabled young people.
2. Safeguarding Adults Boards and Local Safeguarding Children's Partnerships should work together for this group and in discussing the practice and recommendations made by ADASS and the LGA in 'Adult Safeguarding and Domestic Abuse; a Guide to Support Practitioners and Managers'(2015)⁶

⁶ LGA and ADASS (2015) *Adult Safeguarding and Domestic Abuse: A Guide to Support Practitioners and Managers*. Local Government Association, London. <https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf>

and in 'Prevent, Protect and Repair' the joint targeted area inspection programme⁷, and the NICE guidelines⁸.

3. The challenges faced need to be analysed and good practice disseminated to support Safeguarding Adults Boards and Local Safeguarding Children Partnerships with implementing positive practice and recommendations.
4. A sustainable funding model needs to be developed for specialist domestic abuse services to ensure the needs of the whole community can be met including disabled young people, BAME disabled young people and LGBT+ disabled young people.
5. For Safeguarding Adult Boards and Local Safeguarding Partnerships to work together with local domestic abuse leads to gather data about need, referrals and responses related to domestic abuse and the needs of young disabled men and women locally. This should also include outcome data.
6. For Safeguarding Adult Boards and Local Safeguarding Partnerships to ensure there is a lead person able to work to ascertain the level of services, therapeutic help and support available for disabled young women and men who experience domestic abuse and other forms of violence in their areas.
7. This lead person needs to be able to support networking between and across services to enable appropriate help to be found and accessed at case level with a recognition that one size does not fit all. This should be in line with the Equalities Act.
8. This lead person needs to develop links with disabled young people in their area to inform the development, commissioning and evaluation of services, and for disabled young women and men to be able to act in an advisory capacity to support the development of appropriate, accessible services.
9. The lead person needs to ensure consideration of the needs of all disabled young people including those with sensory, learning and physical disabilities and across differing aspects of need, including:
 - young disabled women and men in transition from children's to adult services who are at risk of, or who have experienced harm.
 - young women and men with learning needs not open to social care services who are at risk of, or who have experienced harm.

⁷ HM Inspectorate of Probation, HMICFRS, CQC, Ofsted (2017) *The Multi-Agency Response to Children Living with Domestic Abuse. Prevent, Protect and Repair*. HM Inspectorate of Probation, HMICFRS, CQC, Ofsted. Manchester. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680671/JTAI_domestic_abuse_18_Sept_2017.pdf

⁸ National Institute for Health and Care Excellence (2016) Domestic Violence and Abuse Quality Standard. NICE, London. <https://www.nice.org.uk/guidance/qs116>

- young disabled women or men who are also parents who are at risk of, or experiencing domestic abuse.
 - young LGBT+ disabled people at risk of, or experiencing domestic abuse
 - the cultural needs of disabled young people.
10. For Safeguarding Adult Boards and Local Safeguarding Partnerships to provide training for all staff across police, health, education and across children and adult social care services. This should include GPs and frontline health staff, supported living and day care staff, domiciliary services' teams across voluntary and statutory services.
 11. Safeguarding Boards and Local Safeguarding Partnerships and local individual organisations to address the need for accessible resources for people with physical and sensory impairments and learning needs; braille, sign language interpretations, plain English, audio and symbols-based materials. Resources should support understanding of domestic abuse, and where to seek support.
 12. Safeguarding Boards and Local Safeguarding Partnerships to review existing local Speech and Language Therapy resources, positive behaviour support and early help for families and disabled young people to ensure adequate early help provision for disabled young people in their areas.
 13. Safeguarding Adults Boards and Local Safeguarding Partnerships need to recognise the need for early help and speech and language therapy for children with communication or learning needs and/or autism as a key issue in prevention of distress, fear, unhappiness or frustration which may be expressed in harmful ways.
 14. CQC and Ofsted need to include awareness of domestic abuse and increased risks of harm for disabled young people as part of inspections for residential settings, day centres, supported living and provisions which they inspect.
 15. Local Safeguarding Partnerships and Adult Safeguarding Boards to review provision and availability of advocacy services for disabled young people.
 16. Transition planning, Education, Health and Care Plans, Child in Need and Child Protection and Looked After Child planning to include consideration of social and emotional needs, support networks and understanding of healthy relationships for all disabled young people.
 17. Policy frameworks need to highlight that, while playing a fundamental role, reliance on Sex and Relationships Education in schools alone is not enough for many disabled young people who need consistently and individually thought through help to make sense of relationship and safety issues. Parents/carers may also need support in this area. Attention to the needs of disabled LGBT+ young people should be included in this provision.

18. Disabled young people need to be consulted about what works best for them. Parents and carers where appropriate, and based on consultation with the young person, need help and support to address these issues.
19. For greater attention to be given to the needs of disabled young mothers and fathers especially those who face domestic abuse. There is a recognition of the need for robust birth assessments to take place early to make sure disabled parents get assistance, advice and support for their own needs as well as support with parenting.

Service Level

1. For all managers of services to address their outward facing communication and materials to improve access for young disabled people; for organisations to see it as their responsibility to reach out to young disabled communities.
2. For managers across sectors to encourage and make links with services in their areas to bring service provision for domestic abuse and disability into more active partnerships at local levels.
3. For all organisations to have a lead person for work with young disabled people and ensure that local data about reach and outcomes is gathered and analysed to inform service development.
4. For all services to examine their current policies to ensure that they address disability awareness and domestic abuse and ensure that social care, education, health, police and disability workers have training in domestic abuse, and domestic abuse workers have training on the impact of disability on risks, on communication and are aware of disabled young peoples' needs and experiences.
5. For services to develop ways to involve young disabled people in service design, commissioning and evaluation.
6. For those involved in planning for the needs of young disabled people to be more focused upon preventative work concerning relationships and safety and disabled young people's social and emotional needs. This needs to include healthy relationships, power dynamics and the gendered nature of abuse and its impact on disabled young people with learning, sensory and physical impairments, and neuro-diverse young people. This should be delivered carefully and in non-victim blaming ways.
7. Active preventative and individual work to be included in planning and discussion with young people directly and, where appropriate, their carers; with explicit support about safe and unsafe relationships (kind and unkind behaviours). This should support work being undertaken in education settings.

8. Help to express choice starts with the small things and builds skills throughout life incrementally both in formal planning processes for disabled children and young people but also in day to day life; planning at all levels needs to ensure the voices and experiences of disabled children and young people are heard throughout their lives as a basis for developing their empowerment, confidence and ability to communicate their needs and choices.
9. All services need to ensure they promote a culture that can challenge infantilising practice and help young people both to have fun and to explore and take risks appropriate to their development, in both learning and social activities.
10. Ensuring that work is undertaken with young disabled people individually based on their learning, communication and sensory needs to develop their knowledge about rights and abuse and about people and places where they can access help. This needs to take on board the needs of disabled young people for information about social media and internet safety.
11. Ensuring practice which is based on understanding behaviour as a form of communication and where all workers have training in this.
12. To ensure that training, practice and supervision by managers is holistic, trauma-informed, appreciates developmental implications of adolescence and the meaning for the day to day life of the young person of their impairment.
13. To build trusting relationships with disabled young people through listening and communicating in ways which meet their particular learning and sensory needs.
14. To open up conversations about relationships with disabled young people and ask them about friendships and relationships.
15. To ensure greater access to help for young disabled women and men as parents facing domestic abuse in their own right as well as to help support the protection of their child.

“Just because they’ve got difficulties in life doesn’t mean that they’re less than anybody else. Everyone’s equal we’re all just different”. (Young adult survivor)

Introduction

Funded by the Lloyds Bank Foundation, the research described in this report aims to address gaps in understanding and awareness of domestic violence experienced by disabled young people (aged 16 – 25 years).

Although there is not a statutory definition of domestic violence (this aims to be addressed in the current Domestic Abuse Bill, 2019) a cross government agreed definition defined domestic abuse as:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violent or abuse between those aged 16 or over who are, or have been intimate partners of family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional” (2013)⁹.

This exploratory study seeks to build on the very small evidence base on domestic violence service provision and awareness of domestic violence/intimate partner violence amongst practitioners working with disabled young people. It is hoped that the study will support the development of positive practice and raise awareness. We also seek to highlight the experiences of domestic violence and service responses from the perspectives of disabled young people themselves who are often silenced and unheard.

In recent years more attention has been given to understanding the experiences and needs of disabled women who experience domestic abuse, although this has predominantly focused on older disabled women. Similarly, research has sought to understand the needs of young people, with domestic violence services adapting to meet the needs of this group. These new insights are, of course, very welcome, however, this left a gap in understanding the experiences and needs of disabled young adults who face double-discrimination and increased risks of domestic violence by virtue of being both young and disabled.

⁹ Home Office, Cross-Government definition of domestic violence: a consultation – summary of responses, September 2012, p19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/157800/domestic-violence-definition.pdf

Anecdotal evidence emerging from practice, serious case reviews, and learning from studies concerning child sexual and criminal exploitation and gang related violence, continually raise concerns about domestic violence, disability and special educational needs, and this age group of young people all highlighting increased risks and vulnerabilities for this group. The rationale for this study came from a need to understand the multiple ways in which; domestic violence is affecting disabled young people, and how a lack of understanding and limited support are increasing the vulnerability of this group to all forms of violence. Therefore the study looked at three contexts where domestic violence disproportionately affects disabled young people;

- within their own intimate relationships
- within their own family
- when they are violent towards their family.

Practitioners from a wide range of national, strategic and front-line services focusing on disability and/or domestic abuse were interviewed, and we have listened to disabled young people (aged between 16 and 30 years) both individually and in group settings in order to explore the issues and seek policy and practice focused solutions.

Research Aims and Objectives

Given the lack of attention to the specific needs of disabled children and young people who have experienced domestic violence, this exploratory study sought to:

- Understand the experiences of disabled young people of support and intervention
- Explore what disabled young people want from domestic abuse services and support agencies
- Understand from professionals what works to support disabled children, young people and their families and what are the barriers to delivering this support.

An additional outcome of the study was to also develop training materials in order to directly improve understanding and practice responses by professionals and ultimately make disabled children and young people safer. These materials have been piloted and tested with 36 professionals from a range of services spanning social care and domestic abuse organisations, children's and adults services, criminal justice and therapeutic services, health and education through the delivery of two one-day training pilots.

Methodology

Recruitment of participants and challenges

The study faced significant challenges in the recruitment of participants and considerable time was devoted to reaching the desired sample. Accessible information sheets and consent forms were designed and distributed widely to services across England. A significant amount of time was spent phoning services to explain the study and to begin dialogue about the issues. On the whole, practitioners from across the sector were very supportive of the study and willingly gave their time to be interviewed either face-to-face or via the telephone. On a couple of occasions, practitioners from a service chose to be interviewed together. However, we faced challenges in that even those willing to take part were extremely stretched and often had to curtail or cancel interviews because of crises and staffing issues. We did, however, engage with some services who did not recognise the needs of this group, and reported not supporting disabled young people. Others, although they participated, often felt the need to state that they did not see themselves as experts – feeling they either knew about domestic violence or disability but rarely both.

Considerable time was spent trying to access disabled young people in the age range of 16 – 25 years who had experienced domestic abuse. Given the lack of service provision and their invisibility to services the challenges to recruitment are perhaps not surprising. Due to our ethical approach, and the need to ensure that support was in place prior, during and after taking part in the research, we sought to only recruit disabled young people through services. We sought to prepare and plan carefully for each session with the workers and young people involved and found that a number of young people subsequently became unable to participate because of new issues or difficulties in their lives; this reflected the extent and range of challenges which they faced and the need for the ongoing support. We later took the decision, to extend the age range to 30 years old as it appeared that some services were engaging with a slightly older age range. A decision was also made to approach colleges who offered to host discussion groups with disabled young people. The focus of these groups was to generically discuss issues of violence, support and help seeking. Some young people who took part in these groups had experienced domestic abuse and chose to also be interviewed individually. Widening the recruitment method enabled us to reach more young disabled people.

Sample of participants

37 multi-agency professionals took part in either face-to-face or telephone interviews lasting at least 45 minutes. They were recruited from the following agencies:

- Local domestic abuse services n = 5
- National domestic abuse services n = 3
- Survivors organisation n = 2
- Children and young people social work team n = 3
- Adults social work n = 2
- Education n = 2

- Residential colleges n = 4
- Men's domestic abuse services n = 2
- Learning disability community team n = 1
- NHS n = 1
- Therapeutic workers n = 2
- Police n = 1
- Refuge staff n = 5
- Academic n = 1
- Young people's project n = 1
- Day Centre n = 1
- Disability charity nationally n = 1

In addition, seven one-to-one interviews were undertaken with young people aged under 30. The young adults have a range of physical and learning needs. Four are male and three are female. Five discussion groups were also held. One consisted of 9 young women, one of 10 young men, and three mixed gender groups of ten young people each. In total 56 young disabled adults were listened to.

Ethics

Ethical approval was granted by University of Nottingham Ethics Committee. Due to recruitment challenges within the age range of 16 – 25 years, the age range was extended to 30 years and discussion groups were added as a data collection method. An amendment to the ethical application was made and approved to accommodate these changes.

Analysis

Where permission was given for interviews to be audio recorded, recordings were fully transcribed. Where participants withheld permission for recording, or in group discussions, notes were taken and written up. All materials were analysed thematically and verified across the team.

Limitations of the project

This is a small exploratory study which aimed to stimulate debate and further the evidence-base in this area – it did not seek to be representative but it did seek a geographical distribution which was successful in covering both urban and rural areas and a range of areas in England (and one interviewee from Scotland). The sample of professionals was purposively selected to represent the differing sectors working with disabled young people, and those working with domestic violence. We also sought and achieved a sample of front-line practitioners, managers, and policymakers at a local and national level and this also included domestic abuse and disability organisations. There are some noticeable gaps in the sample of practitioners from the police and while we had some excellent discussions and some success in interviewing police colleagues we would have preferred a greater number.

After much work making contact with organisations working with young people across the country, we achieved a sample of seven individual disabled young people. We held six group discussions again with young people who had a variety of learning and physical impairments. Identifying individual young people in

safe enough, but still supported places in their lives, to interview proved very challenging. By necessity this is an opportunistic sample, and we are aware of the limitations. Due to ethical considerations, these disabled young people were known to services. The experiences of those who are not known to services remain unheard.

Developing an advisory group reflecting the crucial synthesis of different areas of practice proved to be a challenge. There were fewer male professionals and fewer organisations which work with men on domestic abuse represented on the group. In addition, gaining police representation was not easy, however, but both agencies were approached for advice and engagement was a success to a limited degree.

Background

Before outlining the findings from the study, the following provides a brief overview of evidence regarding the current context of domestic violence and disabled young people. In reviewing literature in this area we were very aware that the topic sits at the intersection of bodies of work about disabled people, about young people, and about domestic abuse.

Estimated prevalence and nature of abuse

While many aspects of domestic violence are similar among all people, disabled people can experience unique forms of domestic violence related to their disability status. Statistics indicate that disabled people experience significantly higher rates of domestic violence than non-disabled people. The Crime Survey for England and Wales reported (in the year to March 2015) that disabled women and men were twice as likely to experience some form of domestic abuse than non-disabled people. The Office of National Statistics data highlights that 16% of disabled women have experienced domestic abuse compared to 7% non-disabled women and 8% of disabled men experience domestic abuse compared to 4% for non-disabled men¹⁰. Figures regarding children and young people generally experiencing domestic abuse are high; in the latest data set from SafeLives¹¹, the numbers of children at the highest levels of risk and counted in the MARAC (Multi Agency Risk Assessment Conference) dataset have increased slightly over the previous quarter to nearly 127,000 (period 1.7.18 to 30.6.19). Women's Aid estimate that approximately 160,000 children are

¹⁰ Office of National Statistics. (2014). Focus on Violent Crime and Sexual Offences. Chapter 4 – Intimate Personal Violence and Partner Abuse. ONS, London.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse>

¹¹ Safelives (2017) *Safe Young Lives: Young People and Domestic Abuse*. SafeLives, Bristol.
<http://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

living with domestic abuse.¹² In March 2015, the Crime Survey for England and Wales identified that 7% of young men and 13% of young women aged 16 to 19 had experienced domestic abuse in the past year. For women this is dramatically higher (42%) than the next highest category (ages 20 – 24), and for men it is almost one third higher (32%).¹³

Utilising their national dataset of 50,000 cases, SafeLives report that disabled victims of domestic violence experience more severe and frequent forms of violence and over longer periods of time – on average an extra year making a total of 3.3 years. They also report that even after receiving support, disabled people were 8% more likely than non-disabled people to continue to experience abuse, indicating that services are not meeting the needs of this group. Furthermore, SafeLives estimate that at least 13,600 disabled victims experiencing high risk domestic abuse (out of the estimated total of 16,000 disabled victims) are either not supported by a Multi-Agency Risk Assessment Conference (MARAC), or their impairment is not identified within the process. Their data also suggests that nearly one in five MARACs are not recording any disability referrals.¹⁴

Evidence indicates that the severity of physical violence is likely to be greater for this group¹⁵ and this group face subtle forms of abuse exploiting aspects of their impairments such as withholding medication/over medication, restraint and confinement, control of equipment including communication aids or denying food and water or need for support.¹⁶ Perpetrators often present themselves as the ‘caring hero’ to outsiders.¹⁷

Available support

Evidence suggests that disabled women are likely to face greater barriers to receiving help^{18,19}, with only one refuge in England dedicated to supporting women with learning disabilities. A Women’s Aid report highlighted some of the challenges faced by disabled women including statistics which illustrate that only

¹² Survival and Beyond; The Domestic Abuse Report 2017 <https://1q7dqy2unor827bjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2018/03/Survival-and-Beyond.pdf>

¹³ Safelives (2017) *Safe Young Lives: Young People and Domestic Abuse*. SafeLives, Bristol.

<http://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

¹⁴ SafeLives (2017) *Disabled Survivors Too: Disabled People and Domestic Abuse*. Bristol. Safelives.

www.safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse

¹⁵ Brownridge, D. A. (2006) Partner Violence Against Women with Disabilities: Prevalence, Risk and Explanations. *Violence against Women*, Vol 12:9, pp805-822.

¹⁶ Lund, E.M (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, pp171-182.

¹⁷Thiara, R., Hague, G. and Mullender A (2011) Losing out on both counts: disabled women and domestic violence. *Disability and Society*, 26. 6. pp757-771.

¹⁸ Public Health England (2015) *Disability and Domestic Abuse: Risks, Impacts and Responses*. Public Health England, London.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

¹⁹ Healey, L. Humphreys, C., and Howe, K. (2013) Inclusive domestic violence standards: Strategies to improve interventions for women with disabilities. *Violence and Victims*, Vol 28:1 pp50-68.

4% of refuges provide any level of specialist support for women with learning disabilities or difficulties and only a third of refuges have full wheelchair accessibility²⁰.

Evidence from a Women's Aid project *No Woman Turned Away* gives some indication of the high levels of need – with figures identifying that within their case worker sample, 38% of women requiring support have mental health needs and 30% had one or more identified impairments (2018). This study highlights the particular challenges in finding refuge space for women with mental health needs and women fleeing violence with older male children. It also notes that of 11,187 vacancies for refuge spaces, less than 2% had wheelchair access²¹.

The voices of disabled domestic abuse survivors

Having someone to talk to, being believed, and being taken seriously are identified as key issues for people with learning disabilities as highlighted in the work carried out by the 'Looking Into Abuse' project undertaken by people with learning disabilities²². The report also contains a useful historical summary emphasising that only recently has attention been directed towards addressing abuse of disabled people.

Other studies have enabled disabled women to share their experiences of domestic violence and barriers they face to receiving support. Their experiences have shown the need for support to be both physically accessible, and for workers to have understanding of impairment specific needs. It is reported that there is often a lack of training to know how to appropriately support disabled women. Common themes also highlight the need for professionals to believe and listen to disabled women^{23,24,25,26}. These studies have predominantly involved older disabled women sharing their experiences of abuse in adulthood. There are few examples of disabled young people being given the opportunity to speak out about abuse whilst still

²⁰ Women's Aid (2017) *Nowhere to turn: Findings from the first year of the No Woman Turned Away project*. Women's Aid. London. <https://1q7dqy2unor827bjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2017/07/NWTA-Full-report.pdf>

²¹ Women's Aid (2018) *Nowhere to turn. Findings from the second year of the No Woman Turned Away project*. Women's Aid. London. <https://1q7dqy2unor827bjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2018/06/NWTA-2018-FINAL.pdf>

²² Looking into Abuse Research Team (2013) *Looking into Abuse: Research by People with Learning Disabilities*, University of Glamorgan, Rhondda Cynon Taff People First and New Pathways, http://udid.research.southwales.ac.uk/media/files/documents/2013-03-05/Final_report.pdf

²³ McCarthy, M (2016) What are the support needs of women with learning disabilities who have been abused? *Tizard Learning Disability Review*, Vol 21, Issue 1, pp39-42.

²⁴ Shah, S., Tsitsou, L. and Woodin, S. (2016) Hidden Voices: Disabled Women's Experiences of Violence and Support over the Life Course. *Violence against Women*. pp1 – 22.

²⁵ Walter-Brice, A., Cox, R., Priest, H., and Thompson, F. (2012) What do women with learning disabilities say about their experiences of domestic abuse within the context of their intimate partner relationships? *Disability and Society*, Vol 27, No 4, June, pp 503-517.

²⁶ Thiara, R., Hague, G. and Mullender A (2011) Losing out on both counts: disabled women and domestic violence. *Disability and Society*, 26. 6. pp757-771.

young adults. However, life history approaches with older disabled adults have enabled insight to be gained regarding disabled childhoods and the lifelong impact of childhood abuse. Other UK studies have examined the forced marriage of people with learning disabilities which disproportionately affects younger disabled people (under 25 years) – including those also under the age of consent ²⁷.

Government responses, policy and guidance

The introduction of the Care Act²⁸, in 2014, introduced a legal framework requiring local authorities to safeguard adults at risk. SafeLives report that despite the legislation, in the following year (2015-16) none of the 925 referrals of disabled victims to their services were from adult safeguarding – clearly indicating that the legislation had not been implemented successfully.²⁹

Further protection rights for disabled victims of domestic violence exist under the Equality Act (2010)³⁰ which should ensure that support available to others is equally accessible to disabled people. Legal requirements exist for public bodies to carry out an equality analysis to ensure the needs of those with impairments are met when commissioning, planning and delivering services. Despite this considerable barriers exist which prevent disabled people from getting the support they need.

Guidance from NICE³¹ recommends that all health and social care staff receive training about domestic abuse both in pre-qualifying stages and during their careers; there is also a Quality Standard³² from NICE. Domestic abuse is considered within Working Together to Safeguard Children Guidance (2018)³³ with duties to offer early help set out alongside the need to work to address unmet needs and carry out enquiries under section 47 where there is concern that children (defined as under 18) may be at risk of ‘significant harm’ (Section 47, Children Act 1989).

Guidance on ‘Adult Safeguarding and Domestic Abuse’ was jointly issued by ADASS and the LGA in 2015³⁴. The change of definition and extension to include 16 – 18 year olds is set out in Home Office Guidance ‘Information for Local Areas on the Change to the Definition of Domestic Violence and Abuse’ published in

²⁷ Clawson, R. and Fyson, R (2017) Forced marriage of people with learning disabilities: A human rights issue. *Disability and Society*, 32, 6, pp810-830.

²⁸ The Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

²⁹ SafeLives (2017) *Disabled Survivors Too: Disabled People and Domestic Abuse*. Bristol. Safelives. www.safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse

³⁰ The Equality Act (2010) <http://www.legislation.gov.uk/ukpga/2010/15/contents>

³¹ NICE (2014) Guidance on Domestic violence and Abuse: Multi-Agency Working. Public Health Guideline [PH50] <https://www.nice.org.uk/guidance/ph50>

³² NICE (2016) Quality Standard Domestic Violence and Abuse Quality Standard QS116. www.nice.org.uk/guidance/qs116

³³ Working Together to Safeguard Children (2018) <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

³⁴ LGA and ADASS (2015) *Adult Safeguarding and Domestic Abuse: A Guide to Support Practitioners and Managers*. Local Government Association, London. <https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf>

March 2013³⁵. It includes information about increased risks to teenagers and about technology as both a 'context for abuse and a tool for change'. It also looks at violence by, as well as to, young people, exploitation, risk assessment and highlights the need to be alert to mental health issues and risks of self-harm. The links between domestic abuse and suicide were highlighted too by a research project led by people with learning disabilities entitled, 'Looking into Abuse'.³⁶

Running alongside The Care Act (2014) which recognises domestic abuse as a form of abuse and highlights duties towards promotion of wellbeing and safeguarding, the ADASS and LGA Guidance sets out guidance on risk assessment and the MARAC or 'Multi Agency Risk Assessment Panel' process in place across England and Wales for those assessed using the DASH-RIC assessment as being at highest risk. SafeLives sets out on its website the protocols and offers paperwork, guidance and research to support these panels³⁷. There is debate about the need, not just to risk assess and work on highest risk cases, but to shift robustly to a more preventative and earlier direction in practice and to address further the need for work to tackle those who abuse and not just focus on the victim³⁸. Domestic Homicide Reviews take place and a summary report in 2016 has highlighted learning from practice³⁹. The Violence Against Women and Girls Strategy⁴⁰ and the LGA and ADASS Guidance⁴¹ both explore the importance of multi-agency collaboration. The government have also produced a toolkit and guidance for commissioners and services in England on how to prevent and address violence against girls, there is recognition within that of the needs of disabled victims⁴².

³⁵ Home Office (2013) Information for Local Areas on the change to the Definition of Domestic Violence and Abuse <https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas>

³⁶ Looking into Abuse Research Team (2013) *Looking into Abuse: Research by People with Learning Disabilities*, University of Glamorgan, Rhondda Cynon Taff People First and New Pathways, http://udid.research.southwales.ac.uk/media/files/documents/2013-03-05/Final_report.pdf

³⁷ SafeLives <http://www.safelives.org.uk/practice-support/resources-marac-meetings>

³⁸ HM Inspectorate of Probation, HMICFRS, CQC, Ofsted (2017) *The Multi-Agency Response to Children Living with Domestic Abuse. Prevent, Protect and Repair*. HM Inspectorate of Probation, HMICFRS, CQC, Ofsted. Manchester. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680671/JTAI_domestic_abuse_18_Sept_2017.pdf

³⁹ Home Office (2016) Domestic Homicide Reviews: Key Findings from Analysis of Domestic Homicide Reviews. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

⁴⁰ Violence Against Women and Girls Strategy 2016-2020. HM Government, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF

⁴¹ LGA and ADASS (2015) *Adult Safeguarding and Domestic Abuse: A Guide to Support Practitioners and Managers*. Local Government Association, London. <https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf>

⁴² Home Office (2016) *Violence Against Women and Girls Services Supporting Local Commissioning* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf

Challenges for practice

Despite all of the legislative and practice guidance, research into practice highlights some key challenges. In 2016, an article by Robbins et al explores domestic abuse as an issue for adult social care⁴³. In their sample only 40% of adult social workers had heard of the MARAC process and the article explores how to approach domestic abuse as an issue in pre and post qualification training. The key challenges identified in this study are set out in detail below.

Key challenges in working with domestic abuse as an adult social work issue:

- Holding and managing the complex emotions of anxiety and fear in working with domestic abuse
- Working to support victim survivors of domestic abuse who are adults means working both with agency and the reality that agency is limited by abuse and abusers
- The voice of victim survivors is marginalised in MARAC processes which work as panels planning for a succession of cases on multi-disciplinary lines
- There is a perception that domestic abuse may fall outside the safeguarding duties yet there are many barriers to victims leaving which the authors list as ‘poverty, homelessness, cultural/religious issues immigration, lack of protection from racism for minoritised women, disability, loneliness, fear and a lack of appropriate services’
- There are often other factors of mental health, substance use and lack of capacity
- They highlight the ‘construction of people as ‘customers’ ascribes an agency which the person may not be free to exercise
- The ‘construction of the customer’ as having the capacity to make choices ignores the wider and context of living with abuse
- The complexity of issues of capacity and consent
- The lack of a ‘conceptual framework’ within which to understand the issues and the need to make sense of issues at the heart of domestic abuse – those of coercive and controlling behaviour, power and intimacy
- The tendency in some parts of children’s services to see women survivors as mothers and not with needs in their own right
- The tendency in some parts of children’s services to expect women survivors to be able to protect their children

‘The presence of domestic abuse asks the practitioner to hold contradictory notions of the service user as both autonomous and independent and at the same time as someone who may require assistance to which they cannot consent. Current legislation does not fully address and include this issue. Therefore, within discussions, there would need to be a focus on accountability and responsibility.’

⁴³ Robbins,R., Banks, C., McLaughlin, H., Bellamy, C. and Thackray, D. (2016) Is Domestic Abuse an Adult Social Work Issue?, *Social Work Education*, 35:2, 131-143, DOI: [10.1080/02615479.2016.1140733](https://doi.org/10.1080/02615479.2016.1140733)

Domestic abuse is a safeguarding issue and practitioners should be aware of the potential to use both MARAC and local safeguarding protocols in parallel. Practice should not be forced into one system over the other'. (pp 139)⁴⁴

The role of children's social care in working on domestic abuse is a topic broadly discussed and some key debates surround the need to ensure women victims and survivors are seen in their own right as women and not only as mothers. In addition, that children and young people's safety and needs are seen and addressed. This balancing of perspectives, and the need to work with those who are violent, usually but not by any means always, men when they are fathers, is addressed by Featherstone⁴⁵, Ferguson⁴⁶ and NIDAS⁴⁷ in their whole family approach. And the need for care in addressing safety during contact highlighted in the Home Office report on Domestic Homicide Reviews⁴⁸.

Research about harm experienced by disabled young people

Disabled children and young people are thought to be around 3.4 times more likely to experience harm and abuse generally throughout childhood across all forms of abuse⁴⁹. The work of Jones et al (2012) highlighted similar figures⁵⁰.

There remains a shortage of detailed research into practice and work to reduce risks to disabled young people (and children) to inform service design, policy and practice. These hidden issues were highlighted by Cooke and Standen nearly 20 years ago⁵¹. The National Working Group for Safeguarding Disabled Children first produced a report in 2003 entitled 'It Doesn't Happen to Disabled Children' highlighting the lack of recognition of the abuse of disabled children and gaps in practitioner training, knowledge and skills and in

⁴⁴ Robbins,R., Banks, C., McLaughlin, H., Bellamy, C. and Thackray, D. (2016) Is Domestic Abuse an Adult Social Work Issue?, *Social Work Education*, 35:2, 131-143, DOI: [10.1080/02615479.2016.1140733](https://doi.org/10.1080/02615479.2016.1140733)

⁴⁵ Featherstone B. (2009). *Contemporary Fathering*. Policy Press: University of Bristol, Bristol..

⁴⁶ Ferguson H. (2011). *Child Protection Practice*. Palgrave Macmillan: Basingstoke.

⁴⁷ Nottingham Independent Domestic Abuse Services (2017) *Together: Research into the Awareness and Experiences of Domestic Violence and Abuse amongst Young People with Special Educational Needs and Disabilities*. NIDAS, Mansfield.

⁴⁸Home Office (2016) *Domestic Homicide Reviews: Key Findings from Analysis of Domestic Homicide Reviews*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

⁴⁹ Sullivan, PM; Knutson, JF (2000) Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, Vol 24(10), pp 1257–1273.

⁵⁰ Jones, L. et al (2012) Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet* 380 (9845): 899-907.

⁵¹ Cooke, P and. Standen, PJ. (2002) Abuse and disabled children: Hidden needs...? *Child Abuse Review*, Vol 11, pp 1–18.

strategic and policy recognition⁵². These issues were highlighted again by Ofsted in their 2012 thematic inspection, the Protection of Disabled Children⁵³.

The National Working for Safeguarding Disabled Children surveyed LSCBs in 2016 and summarised key findings about the lack of strategic attention to these issues in Safeguarding Disabled Children in England⁵⁴. A good summary of research findings about disabled children generally is to be found in 'We have the Right to be Safe'⁵⁵. Evidence suggests that there is an increased likelihood of children being abused in domestic violence situations⁵⁶. However, evidence from research on disabled child abuse has indicated that some professionals hold views that the abuse of disabled children is of less significance than that experienced by non-disabled children, or that signs of abuse are associated with a child's impairment⁵⁷. Other studies have also indicated that disabled children are less likely to be believed when they disclose abuse^{58,59}.

There has been little attention specifically given to domestic abuse experienced by disabled children and young people. What is known is that domestic abuse can have a devastating, long-lasting impact on behaviour, development and mental and physical health; this has been highlighted by the work of Shah⁶⁰ and Thiara⁶¹. The impact and trauma for children and young people is not only caused through the witnessing of domestic violence, but also through the impact domestic abuse can have on the abilities of caregivers to parent their child(ren).

Some of the learning from sexual exploitation about marginalised groups and where a more developed approach to tackling abusers has been noted may be useful to inform approaches to domestic abuse and disabled young people. One study highlighted that 35% of young men who had experienced CSE in their

⁵² National Working Group on Child Protection and Disability (2003) *"It doesn't happen to disabled children": Child protection and disabled children*. NSPCC, London

⁵³ Ofsted (2012) *Protecting Disabled Children: Thematic Inspection*, London, UK, OFSTED.

⁵⁴ National Working Group on Safeguarding Disabled Children (2016) *Safeguarding Disabled Children in England: How Local Safeguarding Children Boards are delivering against Ofsted requirements to protect disabled children: findings from a national survey*. <https://learning.nspcc.org.uk/media/1200/safeguarding-disabled-children-england.pdf>

⁵⁵ Miller, D. and Brown, J. (2014) *'We have the right to be safe': protecting disabled children from abuse*. London. NSPCC. <https://www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-report.pdf>

⁵⁶ Hester, M. Pearson, C. Harwin, N. Abrahams, H. (2007) *Making an impact. Children and domestic violence*. Second edition. London. Jessica Kingsley Publishers.

⁵⁷ Kennedy, M. 1996: Sexual abuse and disabled children. In J. Morris (ed.), *Encounters with Strangers: Feminism and Disability*. London: The Women's Press

⁵⁸ Higgins, M and Swain, J. (2010) *Disability and Child Sexual Abuse: Lessons from Survivors' Narratives for Effective Protection, Prevention and Treatment*, London, Jessica Kingsley.

⁵⁹ Taylor, J., Cameron, A., Jones, C., Franklin, A., Stalker, K. and Fry, D. (2015) *Deaf and disabled children talking about child protection*. University of Edinburgh/NSPCC Child Protection Research Centre. <https://learning.nspcc.org.uk/research-resources/2015/deaf-and-disabled-children-talking-about-child-protection/>

⁶⁰ Shah, S., Tsitsou, L. and Woodin, S. (2016) Hidden Voices: Disabled Women's Experiences of Violence and Support over the Life Course. *Violence against Women*. pp1 – 22.

⁶¹ Thiara. R., Hague. G., and Mullender. A (2011) Losing out on both counts: disabled women and domestic violence. *Disability and Society*, 26, 6, pp757-771.

research had a learning need and 13% of girls; both of these figures are above average⁶². Another study, 'Unprotected, Overprotected'⁶³ highlights increased risks faced by young people with learning needs to CSE and has sought to address key practice issues in the way in which young disabled people may be assumed not to want or need relationships, sex or help to understand choice. Young people are both unprotected by a lack of information and infantilisation, and overprotected by being overly-sheltered and not empowered sufficiently to explore and be exposed to positive opportunities to learn about friendships and relationships. The Muslim Women's network's report 'Unheard Voices: Sexual Exploitation of Asian Girl and Young Women'⁶⁴ and 'Hidden in Plain Sight' highlight key gaps in missing young Muslim victims and boys as victims respectively⁶⁵.

Young people face overlapping layers of issues (or intersectional abuse) where they may be more easily targeted because there is discrimination, less attention to what they need and how they are targeted, and lower levels of both detection and of proactive practice to help adults discover and address their abuse. These issues were addressed in the approach adopted by the Newcastle Joint Children and Adults' Serious Case Review (February 2018)⁶⁶. This highlighted how a different approach led to greater identification of needs and investigation. Hollomotz's work⁶⁷ highlights the importance of what works in developing what she describes as the self-defence skills of increasing awareness of rights, choice and understanding. Individualised work, based on the young person's own learning style and needs in terms of their sensory, emotional and developmental profile, can help develop some of the social and emotional skills needed to recognise behaviours as harmful, have a sense of rights and feel able to challenge and tell.

'Safe Young Lives' highlights the need for different services for young people and the additional challenges they face of transition to adulthood – moving, leaving home, financial independence and that for those experiencing and affected by domestic abuse, these transitional challenges are combined with emotional

⁶²Cockbain, E; Brayley, H; Ashby, M (2014) *Not just a girl thing: A large-scale comparison of male and female users of child sexual exploitation services in the UK*. Barnardo's, London.

<https://www.barnardos.org.uk/www.barnardos.org.uk/not-just-a-girl-thing.pdf>

⁶³Franklin, A., Raws, P. and Smeaton, E. (2015) *Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*. Barnardos, London.

https://www.barnardos.org.uk/cse_learning_and_disability_report_2015a.pdf

⁶⁴Gohir, S (2013) *Unheard Voices: The Sexual Exploitation of Asian Girls and Young Women*. Muslim Women's Network UK. London.

⁶⁵ Barnardos (2014) *Hidden in plain sight A scoping study into the sexual exploitation of boys and young men in the UK* Policy briefing. <https://www.barnardos.org.uk/www.barnardos.org.uk/hidden-in-plain-sight.pdf>

⁶⁶ Spicer, D. (2018) *Joint Serious Case Review Concerning Sexual Exploitation of Children and Adults with Needs for Care and Support in Newcastle-upon Tyne*. (PDF) Newcastle: Newcastle Safeguarding Children Board and Newcastle Safeguarding Adults Board.

⁶⁷ Hollomotz, A. (2011) *Learning Difficulties and Sexual Vulnerability: A Social Approach*, London, Jessica Kingsley.

ones⁶⁸. They emphasise also that abuse faced by younger people may look different and include greater levels of on-line bullying or control from partners/abusers and they highlight lack of knowledge about safer relationships. Although eligible for domestic violence services, the report draws attention to the lack of support and recognition for the need for Young Person's Violence Advocates and the fact that many young people rely on services designed for adult victims. SafeLives highlights the importance of education and help to understand relationships issues. They highlight that young people are less likely to report the abuse and that there needs to be awareness of developmental needs of adolescents and that the changes occurring in the brain as the young person develops affecting how they may make decisions, organise themselves, and express feelings and responses and how they experience risks. They note that many young peoples' experience of domestic abuse as intimate partner violence is not their first experience of domestic abuse which for many (1 in 5) starts in the childhood home. The severe levels of abuse experienced by young people requires a trauma-informed approach and also one which is able to be alert to on-line abuse and how younger victims experience abuse via technology. The Young People Spotlight report further highlights a lack of services for young people apart from criminal justice services and how young men, for whom there may be fewer places to go when worried about their own behaviour, may fear the responses they may receive and how fears of incriminating themselves when they recognise they want and need help may reduce help-seeking.

The Spotlight report on 'Your Choice: 'honour-based violence, forced marriage and domestic abuse'⁶⁹ highlights issues about coercive control which may be inherent in the expectations of some about how the young people in their networks should behave; they highlight that there are particular risks associated with sexuality and disability. Those at risk may be also reliant on those around for interpreting, adding to layers of dependence which may increase vulnerability with further additional factors around migrant status, access to papers, and knowledge of rights and help available, financial dependence and access. They highlight the increasing awareness and understanding of HBV and Forced Marriage and that the use of the word 'honour' is problematic because there is no honour in the violence – they stress that 'honour' is the justification used by the perpetrators of the abuse. The work of Clawson and Patterson⁷⁰ has highlighted risks to those young people with learning needs whose families may be unaware that organising marriages for young people with learning disabilities may be against the law if they lack capacity to consent and are unsure about future support services.

These reports highlight crucial needs in prevention for work on SRE, robust Education and Health Care Planning which addresses social and emotional needs as well as educational ones. They highlight gaps in seeking young people and family members' views and significant gaps in the right help and support to develop the understanding of young people about relationships, safety, choice and sexuality; while this is

⁶⁸ Safelives (2017) *Safe Young Lives: Young People and Domestic Abuse*. SafeLives, Bristol.

<http://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

⁶⁹ SafeLives *Your Choice: 'honour'-based violence, forced marriage and domestic abuse*.

<http://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

⁷⁰ My Marriage My Choice

<https://www.nottingham.ac.uk/research/groups/mymarriagemychoice/documents/toolkit.pdf>

crucial in helping young people feel able to seek help, what is crucial too, is to raise awareness of practitioners of their roles and responsibilities in recognising relationship issues and asking about young people's wellbeing, safety and experiences and tackling concerns and finding out more when there are indications of harm.⁷¹

Findings

It is impossible to summarise all of the many and varied perspectives, insights and voices that were heard over the course of the many hours of interviews and discussions; we will attempt to highlight the key areas for practice, for learning and training and for future policy and strategic decision making at this point. We heard about the lives of young disabled people who live at home with families, who witnessed domestic abuse in the relationships of their parents/carers. We heard about, and from, some young disabled men and women who had been affected by domestic abuse which they had experienced as children but who were now placed away and felt safe in residential schools and colleges for disabled young people. For them it was being moved which had enabled them to talk about their experiences. It was clear that telling anyone had taken years and, in many cases, it was the trusting relationships built up over time deliberately by skilled and specialist workers which had enabled them to recognise the harm, and begin to describe it and get support.

Where there was specialist provision for working with disabled young people in the community we sought to hear about, and to make contact, with those young people. In many cases, these young people still faced many crises. With this group, it was difficult to secure interviews because of the difficulties which they were facing, and the fact that the priorities were rightly their wellbeing and active support rather than talking to us. This highlighted the challenges and precariousness of stability in the lives of these disabled young people and parents.

We heard also from teenage projects and refuges about disabled young people who were largely only receiving services because they were advocating for them following breakdowns in school placements, home lives or Looked After Placements; a high percentage of them had experienced domestic abuse. Many of them had been under the radar of welfare services. Many were boys and many had additional learning needs. We heard also about violence from young people towards carers, and about families where behaviours which families found challenging were sometimes described and experienced as domestic abuse.

As the evidence indicates below, in order to better protect and empower disabled young people the links between these areas and the vulnerabilities and risks running across them need to be understood. As will be seen, understanding the often complex, traumatic histories of violence for this group of young people is required if they are to be better protected and more appropriate responses are to be developed.

⁷¹ Franklin, A., Toft, A. and Goff, S. (2019) *Parents' and carers' views on how we can work together to prevent the sexual abuse of disabled children*. NSPCC, London. <https://learning.nspcc.org.uk/media/1879/parents-and-carers-views-on-preventing-sexual-abuse-of-disabled-children.pdf>

This was an exploratory study and as such we have set out some of the basic findings with a view to further analysis and work on these areas and the many unanswered questions the material raises.

Lack of voice and agency of young people

One common theme running throughout all of these areas of violence is the lack of voice and agency of disabled children and young people. As noted above, disabled young people can face double-discrimination in terms of being both young and disabled but at the same time they face significantly higher risks of abuse and violence. Despite the very difficult challenges in finding young disabled people whom we could talk to for the study, we did manage to speak to a number of them. What is highly significant is how silenced they had been in their lives before getting help, and now had many things that they wanted to share. Many practitioners talked about the need to ensure that young disabled survivors are enabled to express their views so that we can learn from their experiences and so that they can inform the development of appropriate preventative work and service responses. As will be seen below, young disabled people, with the right help and opportunities, as well as their practitioners, have much to say.

Invisibility of those who are both young and disabled within some services

As highlighted above, domestic violence in families of disabled children often remains hidden and little is known about the prevalence of abuse. Lack of data on other aspects of abuse, violence and exploitation of disabled children and young people is repeatedly highlighted as a major issue at project and service level as well as at local authority and strategic levels because it inhibits recognition of needs and service planning. Yet resources and attention have not been given to identifying the prevalence of the violence. High thresholds for services for families of disabled children have rendered many invisible and not in receipt of disability support services. In addition, increasing numbers of children with special educational needs and disabilities are not in receipt of education, which serves to also increase their isolation⁷².

A further complication raised by services was that many disabled children and young people lack a diagnosis or assessment of their needs, face delays in getting relevant appointments or support, so they would not be recorded as disabled within any statistics collected by domestic violence services. However, these service providers reported they often soon realise that a person has additional needs that have not been met once they start supporting them. This is also a common theme identified within reports on disabled children and young people accessing sexual exploitation and sexual abuse services who similarly have remained under the radar^{73,74}. The challenge remained for domestic violence services that it was then difficult to get a diagnosis

⁷² Children's Commissioner (2019) *Exclusions: Children Excluded from Mainstream Schools*. Children's Commissioner, London. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/05/Exclusions-cover-merged.pdf>

⁷³ Franklin, A., Raws, P. and Smeaton, E. (2015) *Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*. Barnardos, London. https://www.barnardos.org.uk/cse_learning_and_disability_report_2015a.pdf

⁷⁴ Franklin, A., Bradley, L., Brady, G. (2019) *Effectiveness of services for sexually abused children and young people Report 3: Perspectives of service users with learning difficulties or experience of care*. Centre for Expertise in Child Sexual Abuse. London. <https://www.csacentre.org.uk/documents/effectiveness-learning-difficulties-care/>

or assessment and support in place for these unmet needs. A further issue was highlighted where a diagnosis might be in place, but as relationships were built with the young person it becomes apparent that there are further areas requiring a diagnosis or assessment of need – resulting in new multiple diagnosis and/or a change/correction to a previous one.

Concerns were also raised by professionals that a lack of understanding, knowledge and training may mean that assumptions are made that signs of trauma and distress in disabled children and young people may be attributed to their impairment and questions about what they are experiencing may not be asked. The way a person behaves and acts may be communicating their distress but this may not be picked up and assessed with an open mind; as one highly experienced family worker explained:

And we get that all the time, the crossover really. I'll go to meetings and people will say, oh, I think they've got this. I don't think they have. I think they've just lived in this house, bless them, that's all they know and it is going to impact on your learning and I think that's the thing about schools, isn't it?
(Family Intervention Lead)

A further complication in trying to quantify the prevalence of domestic violence in families with disabled children, and indeed within disabled young adults' own relationships, is that figures are predominately based on those who access domestic violence services. As will be shown, this group face considerable additional barriers to accessing these services, so any published figures are a considerable under-estimation of levels of violence. All professionals interviewed spoke of the intersection of being young and disabled as creating double disadvantage in being able to access support. To illustrate this point, one domestic violence service who supported men shared their figures on young people which indicated that:

This is an approximate, over a two-year period...so out of 432 referrals, between the ages of 16 and 20, there were only 18 young people out of that number. And between the age of 21 and 25 we had 36 referrals that came through. (Mens Service Co-ordinator, DV Service)

However, they were unable to say whether these young people were disabled

Some professionals also highlighted that most young people with learning, sensory or physical disabilities do not reach the high threshold for specialist social care disability service provision, and the closure of both mainstream youth and mentoring services and specialist youth services was having a devastating impact. Concerns were raised about the increased impact of the loss of key front line and support services, and that with them, the supportive, consistent relationships that enable disabled young people to build trust and talk about issues of concern were rapidly disappearing. This was also the case within education settings where pastoral support has decreased. This reduced space for young people to learn about safer lives and get help to recognise the harm they may be experiencing now, or had previously experienced. As one Service Manager for a service for male victims explained...

I think that with the change in the benefit systems, in the employment systems, I think that there is a lot more risks for young people with disabilities. I think that they might feel very isolated, and they might feel very alone. And I think it's how do we encourage those voices to come forward...?. So once these people leave school, who's there to catch what's going on? (Manager Male Victim DV Service)

Another interviewee highlighted the loss of youth services:

I think a widely held view is that the closure of youth services that have been really decimated over the last few years, like youth supported work, I think has created a real gap. And I don't know where those conversations now are happening, and you often hear that some of the best work happens in a car between a youth worker and a young person when they're just driving to wherever, maybe an appointment. And those spaces and opportunities aren't there anymore, and I think there's a lack of mentoring support, and opportunities for young people to have these conversations with a trusted adult. (Development Manager, DV service)

Some interviewees highlighted the importance of practical help as a way in; cuts in support projects may have a disproportionate effect on disabled young people. Those providing practical support to young people getting to appointments, with housing etc, found that these practical issues often provided a route in to start to discuss other relationship issues. One worker noted that it was through practical supports that trust to discuss topics about which they felt embarrassed or had been given messages that were negative or judgmental messages developed; she noted obstacles in terms of young people not feeling that they had permission to talk about sex/body/relationship issues as well as not having the language, awareness or ability to articulate this.

Barriers to accessing services identified by young people and practitioners

During the discussions with young people, practitioner interviews and during the pilot training, various barriers to accessing services were identified; while there is not space at this stage to explore all of these, and this list will not be in any way comprehensive, they are highlighted in the table below and many form areas for future attention.

Attitudinal barriers and belief systems preventing recognition of harm and access to support.

- Fear of not being believed
- Seen as unreliable witness
- Seen as asexual so it could not have happened to you
- Not having access to easy read or accessible forms
- Services not adapted to be accessible

- Living within institutions or services where they did not have access to independent means to contact sources of help, nor access to an advocate
- If perpetrator is their carer, the fear of losing support and fear of what would happen should they report their carer and lose the help
- Fear of being moved into an institution
- Fear of being taken into guardianship
- Lack of understanding of what guardianship meant
- Fear of not being allowed to make mistakes like everyone else or have relationships like everyone else
- Needing to be seen as facing some of the same issues about power as other women
- Not seen to have the same rights to have relationships
- Cultural needs not understood
- Need to be able to have the same access to information, support and help designed around their own learning needs and communication style to assist in making an informed choice about those relationships
- Barriers of not understanding financial and coercive control when it is happening to someone with a Learning Disability: it is not because of a Learning Disability that their finances are being managed but because they are in a violent and coercive relationship
- The women being harmed are targeted; victim blaming attitudes

Impact of isolation faced by many disabled young people

Abuse, control and coercion can be difficult for anyone to identify, however, some impairments by their very nature make it more challenging to understand. However, it would be wrong to see this as inevitable without a wider reference to the societal context – the impact of cuts or gaps in services needed to give disabled people the same life chances as non-disabled people, the lack of awareness of and understanding of the levels of increased risks and the effects of bullying, and economic factors affecting families of disabled children and disabled young people who face lower life chances and poorer outcomes. Isolation could also mean that disabled young people miss out on other experiences and opportunities for friendships, conversations and positive experiences which might give them exposure to positive relationships and help indicate that their relationship is abusive and they have a right to help and protection.

It's also the isolation, the lack of sort of normalising peer relationships and people saying no, that's not OK. You need to walk away from that relationship. And it's the isolation and vulnerability. (Head Teacher)

Sometimes the experiences of being bullied and other earlier harms experienced in their lives have isolated them further, and they have gone under the radar until:

'.....the point where actually they have an increased amount of independence. These young people are not wearing the disability on them, in terms of they may not look in our stereotypical idea of what

someone with a learning disability looks like. They can travel, they can be out in the community, and maybe have a mild to moderate learning disability or autism, and have learned very well how to hide it at first glance. And actually are extremely vulnerable to abusive relationships because of that. And maybe don't have supportive friendships, and in fact the friendships they have had both in secondary and primary have been full of power of influence and bullying.' (therapist at a specialist project).

Sometimes disabled young people face levels of manipulation and coercion from their abusers which isolate them not only from practitioners and services but also from family and friends' networks

"And what we found was that their disability was often used against them by the perpetrator, their vulnerabilities were used against them, and often to the extent to exclude them from their communities". (Domestic abuse project working with learning disabled women)

Increased impact of isolation for LGBT+ disabled young people seeking information

The needs of young disabled LGBT+ people were also highlighted by practitioners who noted that for some of those coming into their setting (further education or residential settings), being there was the first time they may have had the chance to explore what sexuality meant. Many arrived with little sense of sexuality, choice or safe friends. Most had been very reliant on carers, often isolated and not able to make friendships outside their immediate homes and in many cases, special schools. Professionals noted that many of the young people arrived at the setting with low self-esteem and a sense of themselves as a "burden".

The need to recognise and work with domestic abuse in gay and lesbian relationships was highlighted by some of the refuge workers.

Young women may be identified by services as parents but not in their own right

Some services working with young women with undiagnosed and diagnosed learning needs described how they had received little or no help until they became parents. However, when they eventually were identified the help provided was intervention to protect the children but where child protection planning did not always take account of the young woman's own learning needs, learning style and communication preferences, the effects on her of the trauma she had experienced or how she would best respond to help. Both children's domestic abuse workers and young adults refuge workers gave examples of one size fits all approaches to child protection processes which reduced the chances of the young woman being seen as able to care for her children and did not plan interventions in accessible or informed ways particularly for those with learning needs. One refuge worker described having worked with many young women with learning needs who had experienced trauma, and often neglect too in their own lives, who feel judged and let down. She explained that young women were often scared to ask for help in case they lose their children. The workers at the young women's refuge described one young mother who has low self-esteem and can appear almost numb, appearing very calm, showing very little emotion but then when she does show anger and distress risks being judged for that in assessments about the care of her children.

Isolation was identified as a major issue for some of the young women whom they worked with rendering them potentially more open to abuses and significantly increases risks to sexual exploitation. Some young people being supported had had multiple abusive partners. Others had experienced the removal of their children; they had internalised messages that they were not good parents and we were told that sometimes this was reinforced by how professionals spoke to them. For women and children with learning and neuro-diverse needs who experience anxiety as part of managing their day to day lives, leaving, moving and changing holds an added dimension of challenge. For others with learning, literacy, trauma-related or physical disability/injury needs it was the extra challenges associated with benefits and financial systems and housing issues; on-line applications and processes being inaccessible; banks and other organisations not always understanding, universal credit and benefits being very complicated when people move, and physical access to services being difficult compounded by inaccessible transport and associated costs if taxis are the only option.

Impact of harm in childhood

Other practitioners talked about how domestic abuse experienced in childhood could affect a disabled young person's own relationships as they got older, either because they feared rejection or had normalised violence. Very few of the professionals interviewed could give examples where disabled young people whom they worked with as young adults had had any previous intervention to help them to understand domestic abuse at the time of the abuse in their childhood. This meant that unresolved traumas and normalised abusive behaviours could manifest in disabled young adults' own relationships, but also that disabled young people may feel more likely to stay in abusive relationships because being disabled made it harder to find a relationship.

A lot of our young people they've been victims of their parental domestic abuse, then their initial first relationship often reflects the same thing, so they then have it twofold for them really. So they've had this vulnerability and rejection within the family home to then trying to maintain a relationship and will do anything for that to happen really. (Family Intervention Lead)

Lack of clear history

Some carers and residential college workers talked about young people placed with them who had been subject to child protection plans where domestic abuse had been a feature but where a lack of clear documented history made piecing together what the young person had experienced very difficult.

So we start, students come here at 16, 17, 18, 19 up to 20, you know, up to 25, 22. Some have been out of school. So there's gaps where we don't even know what they've been doing and what's happened, somewhat have experienced what they've seen, you know.

The worker emphasised how important it was to be able to work with their students on what had happened

to them but that getting the histories and having that information may be affected by gaps in the transition to adults and different approaches:

'I think as well it seems to me that if you're under 18, there's a lot more support but as soon as you hit that threshold of 18, you know, and become adult services, all those things that are important don't seem to matter as much and I can't see how that – I think 18 is a time when you start to realise who you are, your experiences affect who you are. So it's a key stage really where that support's needed. I think it's overlooked because you slip into adult services, there's less support.

Importance of understanding how previous experiences may affect how abuse is seen

As one practitioner explained in her work with students with autism and learning disabilities; young people can interpret patterns of abuse in families as a “rule book”. Unpicking internalised patterns of behaviour in young adulthood was seen as very challenging without having had training to help develop understanding of how to meet the needs of disabled young people and extra time to do the work.

Other interviewees raised the issue of the use of physical interventions or restraints having been used against some disabled children and young people in residential settings and schools or at home as another way in which disabled children can internalise messages that physical aggression is normal.

Actually what we often see are those children going through and wrestling with adolescence is they do use force. And sometimes that's because force has been used against them or because they've witnessed force being used in a school or a residential setting, because they've seen it on TV. But they're using it and so you've got somebody who's struggled, who's been a victim twice. (Head Teacher)

In addition, practitioners spoke of the specific targeting of disabled young people for sexual, financial and criminal exploitation, which has been increasingly identified within other studies⁷⁵. Links are being highlighted between experiencing domestic violence and being targeted by gangs⁷⁶.

Lower expectations leading to less help and direct work with young people

Many practitioners emphasised the need for more work to help young people learn about healthy relationships, to have clear messages that it is ok to talk to people, get help and for disabled young people to

⁷⁵ Franklin, A., Raws, P. and Smeaton, E. (2015) *Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*. Barnardos, London.

https://www.barnardos.org.uk/cse_learning_and_disability_report_2015a.pdf

⁷⁶ Children's Commissioner (2019) *Keeping kids safe: Improving safeguarding responses to gang violence and criminal exploitation*. London: Office of the Children's Commissioner. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>

have access to people who will listen. Many were concerned about low expectations for disabled young people in terms of what is deemed abusive and acceptable, and access at the same time to less help and information. Many people we interviewed had experienced working with practitioners who held this view. One said

I have for a while an increased awareness that sometimes as social workers, as education professionals we can adopt a lower set of standards of expectations in relation to the neglect or emotional abuse for children who've additional needs. (Head Teacher)

Some also described a reluctance to seek to do more than make the young person safe:

"There is a reluctance professionally from some angles, I guess, that aren't disability focused to open that can of worms. Because what happens if you re-traumatise the child, what happens if they are an unreliable witness, do you know what I mean? If it's going to jeopardise things moving forward? I think there is a reluctance to open things up. And I think there's also sometimes a presumption that oh they won't be able to understand that or engage with it anyway. As long as they're out of the situation and they're safe why would you put them through that. I think it's often well-intentioned but I'm not always sure that it's well-intentioned for the student". (PSHE Lead, Specialist College).

Many young disabled people lack help to understand healthy relationships, sexuality and domestic abuse.

Alongside the increased isolation and invisibility of this group of young people, many interviewees from both disability and domestic abuse services highlighted a lack of education and information regarding rights, safety, healthy relationships and sex education. No child or young person or adult is responsible for the abuse they have faced and it is vital that practitioners are trained and supported to pick up signs and act. However, not receiving information which might help you to identify when relationships are abusive and exploitative exacerbates the situation; and not having been helped to think through what healthy and happy relationships feel and look like makes it harder to make and express choices, and to identify things that feel unsafe or when a person is manipulative, controlling and taking advantage. Practitioners spoke of supporting disabled young people who have experienced, or perpetrated, violence in their own relationships and who had not received adequate support to understand what is appropriate or not within relationships, or how to ask and feel you have a right to ask and look for positive things. As one young person stated;

I think that they should be educated about domestic violence, boys and girls because it happens to both sex, and I think they should be aware of women and men that go through the situation, and having children, and [the children] being removed. I think there should be more awareness of how it impacts on that child as well...I think there's other things, like maybe people that's been through domestic violence go and speak to them... (Young disabled adult survivor)

Another young person said;

I'd never been aware of domestic violence ever. So obviously when you get into a relationship and you think they love you, and they either lay a hand on you or they start controlling you, I thought I was

loved. I thought him controlling me was him being lovable because he doesn't want me to talk to other guys and he doesn't want me to go out because he wants me to all himself because he loved me. (Young adult survivor)

A practitioner who had been asked to work with a mother to help her daughter learn about relationships:

'they asked if I could actually speak to mum because mum didn't really know which way to go with it. She'd already banned her from Facebook and different things like that, so she was already sort of, I suppose she just wanted to protect her but actually because of X's inability to understand, she just sees mum as being.... 'you're just trying to spoil my fun, you don't understand I just want to have a boyfriend, I just want somebody to love me'' (refuge worker).

Other workers highlighted the limited awareness of what abuse is for one young man whose perception was limited to direct physical assaults on him and who would not have realised or said anything about harm and abuse that he witnessed to others, or other forms of harm and abuse such as controlling behaviours:

'I don't think he would realise there was something wrong if Dad hit mum.... I think he would if it was him. I think he'd come and tell you if he had been harmed. But I don't think he'd come and say anything about ,mum being harmed or any abuse in the home' (Children's refuge worker).

Some stressed how practitioners might miss the impact of learning disabilities and 'hidden disabilities' and not appreciate how some young people, because of the impact of prejudice and isolation, may say they understood and appear to have coping strategies which in practice they did not:

'her mother loved her so much but perhaps had protected her a bit much and hadn't, she hadn't had the right opportunities to learn the skills.....so that in a way she actually missed out on learning them...she had a way of being very convincing that she knew what was happening, she could say what she needed to do to keep herself safe, but how much she was able to put that into practice herself was different'

A practitioner working in further education said that disabled young people needed support with;

...'expectations of what their role is going to be within a relationship. So tying directly to sex and relationships work, it's about consent; it's about expectations of positive or pleasurable experiences with a partner...and having equality within the relationship...A very good example would be...a student who expressed at home to their parents that they were engaging with a sexual practice that they did not really like. And when I talked to them about it...I said why are you doing anal sex if you don't like it, and the response was "oh because he likes it". I said yes but if you don't like it there has to be an alternative, it's a compromise. And the response was very rigid but he likes it, he likes it, he likes it! (PSHE Lead, Specialist College)

A vital area highlighted was work to empower disabled young adults to enable them to feel that they have a sense of worth, a sense of control over their bodies and control in their lives. Some practitioners highlighted

that young disabled people have had less practice perhaps than other young people at voicing views, and are less used to being listened to and more used to things being done for them, to them or without asking them.

As one practitioner described;

Well a lot of what I end up doing in sex ed is undoing the “you can’t say no-thing” ...we [adults] really focus on telling kids that they’ve got to do what we tell them. Specifically, if they’ve got disabilities I think to keep them safe. And that’s very engrained for young people, (PSHE Lead, Specialist College)

She went on to describe the dilemma she felt she faced in wanting to be overprotective but highlighted that this does not help when they want relationships like their peers;

But at the same time, I think what happens is we have this very, very risk focused, risk averse safeguarding approach, which means that, I mean from my end of things it means that young people have often been exposed to the equivalent of an abstinent education, but that really messes things up terribly, you know, and trying to undo that, it’s very, very difficult. (PSHE Lead, Specialist College)

One transitions worker described the challenge of changing cultures in how issues of sexuality and healthy relationships were approached. She said that often the discussion which the young person had had was just about contraception or to protect them ‘in case they are raped. She said that sometimes this is very limited and at times

‘quite often they will use the period or say, well she does not cope well with her period; and very little about sex as something which can be positive thing in your life and that someone with a learning disability can have a sexual relationship and not be abused;.... the link between sex and abuse is frequently made’ (Transitions worker).

Education and information were considered to be vital for all disabled young people, however there were concerns that disabled boys/young men may miss out on conversations about domestic violence. Participants highlighted their view that disabled boys were disproportionately affected by violence in their relationships in comparison to their non-disabled male peers. They needed help to understand what domestic abuse is, and not something they should ‘just man up about’. As one male domestic violence worker explained, young men contacting their service were often seeking confirmation that what they were experiencing was abusive.

The majority of men who contact, are contacting us because they know that the relationship isn’t right, they know that they’re not comfortable in it, but they just more or less want confirmation that what they’re experiencing is abuse. And so we talk about the behaviours. What has been happening to you, how does that make you feel? And if the shoe was on the other foot, and you were doing this to her, would that be viewed as abuse? So that helps them to recognise. (Manager Male Victims DV Service)

Often talk in interviews highlighted that the lack of attention to this education stemmed from disabling attitudes towards disabled people’s relationships and sexuality; sometimes, we were told, it was thought that disabled people would not have relationships or sexual intimacy and therefore did not need this education. Transitions workers talked about experiences with parents and carers who were not always keen for such

issues to be raised. Practitioners were, however, keen to ensure that both they and education providers were supported to deliver appropriate, accessible information and were suitably prepared for young people telling them about abuse in family settings and/or within peer relationships, and facilitating appropriate responses to this. The need for specialist domestic violence support in primary and secondary mainstream and special schools was seen as vital.

The role of parents and carers was also an issue and though parents/carers play a vitally important role in supporting their disabled child to understand these issues, this is not without challenges. Parents can often struggle to talk to their disabled child about sex and relationships, and abuse⁷⁷. Practitioners raised the need to support parents to undertake this role, particularly if they themselves have unmet needs associated with a disability, or if they had experienced abuse and trauma themselves. Specialist college workers carrying out sessions on healthy relationships emphasised the need to work over a long period with young people with learning needs giving information in different formats, chatting, and working through what it means to have healthy relationships, what 'healthy relationships' actually mean and look like, exploring choices about gay as well as straight relationships. Those doing this work highlighted the need for careful planning, tailoring materials discussed to the learning styles and communication styles of the young people involved and they emphasised the time needed to invest in this work.

Domestic violence workers explained further consequences of not receiving this education and understanding, and the complexity of the situation when disabled young people are not supported – they can become victims but also perpetrators of violence. Not to excuse abusive behaviour, however, situations could escalate and lead disabled young people to being criminalised when supportive early help may have enabled young people to develop communication skills, reduce frustrations, develop more positive responses with better behaviour support reducing the likelihood of things becoming violent as they got older. This is an area raised a number of times by transitions and social workers working with parents and carers who had not had enough help and who were left in situations which had come to feel unsafe.

One interviewee told us:

I've had a young gentleman that did have his own vulnerabilities and learning needs but having met with him my concerns were actually about his own behaviour and the un-healthiness that he was presenting towards a partner... he was referred in as a 'high-risk survivor'.... and I think sometimes because of someone's vulnerabilities and disabilities again that can mask out. So, for a professional they can almost excuse some of their behaviours when actually, yes he had vulnerabilities but he was still aware of his own abuse, abusive behaviours (Men's Service Co-ordinator, DV Service).

⁷⁷ Franklin, A., Toft, A. and Goff, S. (2019) *Parents' and carers' views on how we can work together to prevent the sexual abuse of disabled children*. NSPCC, London. <https://learning.nspcc.org.uk/media/1879/parents-and-carers-views-on-preventing-sexual-abuse-of-disabled-children.pdf>

Lack of data

Some of the domestic abuse organisations we spoke to had little data about disability and not all kept statistics which enabled them to identify the number of those who were young *and* disabled *and* male or young *and* disabled *and* female using their services; in one case we were told the organisation only kept data when a person was 'registered' disabled, and had an actual medical diagnosis:

'Well the only record that we keep is are they disabled, but not what type of disability. And it's just are they registered disabled. And so I'm just taking a quick look through here, and so for example there were 67 calls in one month and only one of those was registered disabled. But there have been studies out there that show that people who are disabled are more likely to become a victim if that makes sense.' (Helpline service manager)

Interestingly for some smaller organisations offering domestic abuse services, reflecting as part of the project was a starting point for looking and making sense of how few disabled callers or service users they were aware of, and how few young callers they were aware of. For one manager this led to realising that only a tiny percentage of callers were recorded as having disabilities; the manager reflected that there may well have been many others too but they may not have had a diagnosis. Further discussion indicated that just under a sixth of their monthly callers were under 25 but there was no way of identifying how many may fall into both categories. This discussion led to some very positive recognition about the need to start to reflect and look at this and consider who the service was reaching and not reaching and why and what could be done in response to actively reach out. In another case, a manager could not recall a deaf relay service being used at all. What was interesting also in talking to services about these statistics was the recognition that information about disability or diagnosis often went into a box in a form or on a computer screen but was rarely used to inform planning with the individual young person, or discussion with them about their needs. The need to be aware of what a diagnosis means for the day to day lived experience of the young person, and how they feel about it, is very important, as is discussing with them what they have been through, what they need, how they prefer to communicate and the best ways to work with them.

In some domestic abuse organisations data was collected at the point of referral and then used to inform planning; one project gave positive examples of how they planned direct work based on the needs and diagnosis.

There was very little information about disabled young men; we sought to speak to projects working with young men and were able to locate a small number but were concerned about lack of both data and services for disabled young men.

Lack of Training

Training or lack of it, was a major theme for both workers who worked mainly in disability services as well as those working in domestic abuse services. Practitioners need training to help them to be able identify and ask with confidence about relationships and about harm or abuse in the lives of disabled young people and they need to be able to spot the signs of abuse within disabled young people's own relationships. A lack of

training amongst practitioners, and especially workers supporting young adults living in supported accommodation, meant they would not necessarily pick up on signs and/or know where to signpost for support. Spotting signs of abuse, and having skills, knowledge and confidence to ask and observe and make further enquiries or assessments is not without challenges. Other research has highlighted the many reasons why people find talking about or telling about harm hard and these issues are covered in the research section above. Additional factors affecting disabled young people might be the wish to keep relationships secret not just because of coercion or control by a perpetrator, but because they have faced prejudice or negative responses as a disabled person to them having a relationship, or because of dependence on that person as their carer⁷⁸. Practitioners need training to be aware of these and other barriers and their consequences.

The majority of those whom we spoke to and who attended the pilot training who worked in disability focused organisations such as residential colleges or day centres had not had specific training about domestic abuse which meant that they were less familiar with wider forms of domestic abuse, less aware of coercive control and its many forms, less aware of services and supports available and less aware of the Multi-Agency Risk Assessment Process (MARAC), or the role of key support systems such as Independent Domestic Violence Advocates or Young Peoples Domestic Violence Advocates. Crucially it meant that they were less equipped to work on relationship issues with young people using their organisations and in partnership with other agencies.

Some disability services had very little awareness about domestic abuse services in their local areas and who to ring to discuss issues and seek advice or collaboration. Similarly we were made aware that many domestic abuse projects were not in contact with disability services and adults social care teams and had not developed those relationships. One practitioner from a national organisation told us that;

‘those connections aren’t being made, and they’re just not aware of the specialist services in the area. And vice versa really, because if you’re a domestic abuse service and you’re supporting somebody with a disability or a young person it’s really important to link in with any other specialist services in the area to maybe help with things like understanding the best way to support that person’ (Manager from national domestic abuse service)

Equally very few of the workers from domestic abuse services whom we spoke to had had any specific training to help them understand disability, reflect on values and attitudes underlying how disabled people are treated or awareness about learning needs and the significance of making sense of the meaning of the

⁷⁸ Franklin, A., Raws, P. and Smeaton, E. (2015) *Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*. Barnardos, London.

https://www.barnardos.org.uk/cse_learning_and_disability_report_2015a.pdf

individual's learning style, communication preferences and impact of their needs on their day to day life. Despite this lack of training we came across examples where individual workers from domestic abuse services worked creatively and flexibly with young people, with other agencies and sought out information and support from other agencies.

Bringing different sectors together for the pilot training yielded many areas of learning not least making contacts and sharing learning across sections of the workforce which in some cases had had little previous contact.

Even when practitioners identified abuse within young people's relationships, they reported often feeling out of their depth due to a lack of training, and the necessity to "hold the young person" (by which is meant engaging, growing trust and allowing the person to start to feel safe to explore) due to a lack of services to refer on to, or to long waiting lists – again it was felt that this disproportionately affected disabled young people given the lack of appropriate, accessible provision.

The starting point for many interviewees was the fact that understanding of, and responses to, signs of domestic violence in families with disabled children and young people were often poor. Of key concern was the lack of recognition that domestic violence affects disabled children, or a reluctance to accept the impact of abuse due to feeling out of one's depth or deskilled in knowing what to do – as described above there are few specialist services to refer to for specialist or therapeutic support. As one professional stated:

...Less recognised and people don't necessarily know how to treat it. So that's when we tend to sort of just, oh they didn't really know or they weren't really aware or it didn't have the impact because we don't necessarily know how to engage somebody with a particularly more severe learning disability in some of the traditional therapeutic approaches and interventions that might be offered to a normally developing child. We want to believe a little bit like we used to believe, oh well these children won't get hurt, these children won't be abused. And we've had to recognise actually no they are more vulnerable. But likewise I think there's still a little bit of turning away, oh well he won't really have taken that in. (Head Teacher)

Others raised concerns that professionals who lacked training in this area would not be able to spot the signs of abuse within families with disabled children or be able to interpret their signs of distress. Domestic violence services highlighted how they received very few referrals from health or adult social care. In addition, they received a low percentage of referrals from education into services for young people experiencing intimate partner violence indicating that these services are not identifying domestic violence, or do not know the referral routes.

As one practitioner explained what might not be deemed as abusive for some, in the context of understanding the individual needs of a young person with an impairment such as Autism could be seen to be abusive to others. The example below illustrates how distressing certain behaviours can be for some disabled young people, and in this case had led them to becoming aggressive:

I remember a gentleman that was autistic and his mother would present in a way that would suggest to professionals that it was her son that was being abusive to her. And actually when I had a referral

and we unpicked some of that, some of his aggression, so for example, he was really sensitive to smells. And what his mum would do was spray air freshener in all the rooms. He would feel uncomfortable eating in front of other people. What his mum would do would invite friends round and have him sit at the table with friends. So it was subtleties that would have a huge impact on him. And actually it would lead to him being aggressive to his mum. I'm not trying to minimise his abuse but actually when you unpick what's going on for that young person that was huge for him, that was huge. (Mens Service Coordinator, DV Service)

Another practitioner gave an example of the complexities of defining and identifying unintentional abusive situations in families. In this case, not one of domestic abuse, but one which indicates how failure to understand sensory needs of a child with autism can lead to treatment that may be very harmful; in this case the parents were trying to implement advice on caring for their child with autism;

It's a slightly different sort of aspect of but those parents who have been told actually "what you need to do is just hold them in the shower. I know they don't want to go in the shower but hold them in it". You'll have some adults who have autism saying it feels like pins pricking when I have a shower. I can have a bath but put me in the shower, it is physically painful on my skin. And so actually parents have been told they need to. You're often in a house where you don't have one or the other. It's "I'm going to be done for neglect by the social worker if I'm not putting my child under the shower" but not realising that the sensory difference that child is experiencing, that what you're doing is actually unintentionally, absolutely unintentionally abusive. Which is different to situations where it's intentional.....But again that's where you absolutely need your kind of wider team to be more aware of that. That is social workers, it is schools, it's also GPs. (Head Teacher)

The above examples indicate worrying lack of awareness of autism and how sensory needs and anxiety can have a major effect on young people; when not understood and placed in situations which trigger discomfort and distress, the young person may respond in ways that are physical and especially where they may have lacked help with communication or not have developed – or perhaps in some cases, not been helped to develop, ways to express this or control over what is being done to them.

Another practitioner highlighted that without understanding it is easy to ignore signs of distress triggered by other events, such as physical interventions or restraint, in disabled young people who have experienced domestic abuse. The importance of staff understanding trauma and behaviour that challenges, and having good supervision and emotional support, were seen as vital to understanding the impact this can have on children.

However, as one front-line practitioner stated, person-centred work should be the starting point for any practice, and therefore the presence of an impairment should not change this.

I think everybody is scared to work with someone who has got a diagnosed disability, because it's how do we approach that subject, how can we make it to meet their understanding and meet their needs.

But I think you have to do that with every client that you work with and not just the one who's got a diagnosis..... I think to say that because they've got a diagnosed need you can't do that is a bit of a get-out, because actually everybody needs working with a little bit different and we all have to change that approach. Safety Support Worker, DV Service

In their experience, what was most beneficial for the young person was having someone who listened to them and spent time with them. Often this kind of relationship had been missing from these young people's lives. They felt that through this delicate, patient, persistent, none time-limited approach they had been able to earn young people's trust and work with them to support them to understand the abusive relationships that had been in their lives, and start to rebuild their lives.

So just because someone's got a diagnosis doesn't mean that we should say I don't want to approach that subject because I'm a bit afraid to be stepping into that arena. Don't be afraid, step into it, step into it with them and work, because they'll help you along the way. Each client I work with I'm learning something new from. Each client that I have worked with who's got a diagnosis, I've learnt actually it's not about the worksheet, it's not about drawing, sometimes it's just about talking. And as much as they learn from me I think I learn from them. (Young people's worker, refuge)

The importance of recognising that "one size does not fit all" was repeatedly highlighted. As one practitioner stated effective support should be needs-led, and with this group this needs to start with listening to a person and understanding how they experience what is going on in their lives. Overall, it meant seeing the person, and not "just" the impairment or "just" the domestic violence. Practical support such as ensuring the young person gets to appointments or can complete forms was identified as being of vital importance. As one young adult who had experienced domestic violence and was now receiving support said:

They took the time to talk to me as well. They didn't just come and check and then leave; they took time and they used to speak to me for at least like half an hour every time they come and checked on me...And that's all I wanted was someone to talk to me because I was on my own, so I was quite lonely (Young adult survivor)

Good Practice example

Following individual support, this young person went on to undertake group work, which she describes as being really important in beginning to make her feel that she was not on her own and was worth something, and also not the only one feeling the way she did – as if she had lost everything. In her words...

And the more I opened up, the more I realised that it was wrong what happened. He was in the wrong, not me.... I felt like I was actually worth something. It made me feel better about myself...I wasn't just this person that got beaten and abused. ...Because I got, not just support, but I got help with going to appointments and they're there for a lot of my meetings and court bit, they support me in court (Young disabled adult survivor).

Practitioners who were experienced in working with families with disabled children and young people were keen to point out that many families have to fight to receive support for their child and sometimes fear they can be seen by others as confrontational. It also meant that services needed to earn their trust that they would deliver and follow through on promises and be restorative. It was recognised that only through understanding the context of disabled young people's lives that services could really meet their needs. Understanding this will affect how a young person engages with a service and how services should engage with them. As one interviewee reflected:

And I guess the challenge is more of seeing that link between a recording that somebody has a disability or whatever else it might be and then altering the support that they get accordingly. And that's probably the bit where we maybe fall down, or where some organisations will fall down, rather than actually monitoring it. Evaluation Officer, Domestic Violence Charity

Pressures of a one size fits all approach to service design

A number of practitioners described frustrations that short term periods of intervention often were not enough; they did not allow enough time to plan and prepare with the young person, to develop trust and understand their communication preferences, prepare suitable material for their learning style, find out about any sensory needs and source appropriate facilities, find, fund and prepare work with interpreters, liaise with others who may be able to offer insights. As one professional explained, services were often commissioned on a payments-by-result basis: the pressures of short-term interventions, limited and pre-specified numbers of sessions, the one size fits all approach denied the complexity

You have to be 'payment-by-results', and you're almost seeing survivors like they're on a conveyor belt. And it's really stripped away the ability to take that needs led approach, which is what we need to reconnect with....how do we evidence the value of that work despite the fact that it might take more

time and cost more to do that, but you actually get better results in the end, in the long run. And I think that commissioners don't necessarily think in that way, because it doesn't match their short commissioning life cycle.

Young people seen as a problem rather than what they are experiencing being seen as a problem

Many practitioners from a variety of young peoples' settings whom we talked to explained that this group of young people are often not understood and are misjudged when negative attitudes towards them as both young people and distressed young people are allowed to go unchallenged. Seen or described as 'playing up', 'poorly behaved', 'attention-seeking', 'a nuisance for running away', or 'self-harming for attention rather than expressing trauma'. Many of these young people had come through the care system and because of failures in the care system they no longer trusted statutory services, and thus were not always willing to come forward about violence in intimate partner relationships. Very high numbers of those in the Not in Education, Employment or Training (NEET) projects we spoke to had experienced domestic abuse. Of the boys and young men in those projects, many had experienced domestic abuse growing up and some now also presented risks to others in partner relationships. They needed advocates and had in many cases been under the radar of any services before being involved with the project; seeking to build trust and make communication and advocate for them was seen as crucial. Few had statutory services providing support and they needed workers who could form relationships with them to meet their varied needs, build trust and support mechanisms. Existing service designs with targets were not deemed suitable for this group of young people who have experienced layers of trauma and who needed a lot of time and for workers to invest in them. The manager of one of these services was worried that they were assumed to have capacity, not seen as being at risk and in need of help and protection.

Practitioners also spoke of the need to be aware of the combined impacts of disabling attitudes, racism and lack of awareness and priority given to the needs of BAME and LGBT+ young people. A practitioner in one city described how nearly half of the referrals they received were from BAME women, yet many services do not yet have accessible information in the first language of the communities they serve. For some of these young women they also experienced complexities associated with immigration processes and thus access to services and resources. Intersectionality is a critical issue; how a young person is seen and treated affects how they develop, the messages they pick up about themselves and the way they learn to respond; without reflective practice and challenge to discriminating attitudes unwittingly informing practice, many young people's needs go further beneath the radar further isolating them and denying equality and their human rights. These were key issues raised and will remain a priority in future work.

Lack of specialist services

Lack of specialist services was referred to frequently, and with frustration, by participants throughout the project. As illustrated below;

“One of the women who we were working with in a refuge, it was quite clear she had learning difficulties and she (herself) said I've only got the learning of an eight to a nine-year-old. There was nowhere to refer her to. Nobody would take her”. (Manager from a refuge)

“Another woman had wanted a woman to take part freedom program and needed a signer but was told this could not be funded” (Manager from a refuge)

We talked to colleagues from several of the very few specialist services for disabled young people experiencing domestic abuse in England; those which exist are rare, very localised and very stretched. They are charity or locally funded and are all pioneering practice and developing banks of skills, good practice and knowledge. We visited and talked to a refuge for women with learning disabilities, a service for deaf young people and a service offering therapeutic work with disabled young people who have experienced abuse; we heard consistently about examples of good practice, disability-informed person-centred work that brought together awareness of the increased risks, isolation and challenges faced by the young people. The examples given highlighted the importance of knowledge about communication and communication skills, understanding of how learning and physical impairments affect how the young person may experience their world, enabling individualised planning and approaches to address trauma and provide support. They emphasised the length of time needed for this work and the lack of follow on services. These services are stretched and in great demand but their invaluable work needs to be used to inspire the formation of other similar services to reach young disabled people all over the country not just in the geographical areas (mainly London) where they are located; this needs recognition at strategic and policy levels and to be coordinated and championed.

The lack of services available to meet the needs of this group may increase risks with families having to stay in abusive situations because there are few, if any alternatives. Lack of mobility for families who need to be close to specialist provision or hospitals, who live in adapted homes, whose children need specialist equipment, or who need support from their wider family/friendship network meant it was impossible to flee abusive homes. Ties to a geographical area reduced chances of finding a safe refuge, especially given there are so few. In addition, few refuges will accommodate teenage boys making it difficult for those with caring responsibilities to find safe places. Other interviewees felt it important to highlight some of the additional vulnerabilities experienced by families with disabled children, which created increased risks. These included increased isolation and feeling judged by family and friends if they were not coping. As one person illustrated:

“I work with families who the mother has just said oh I'm so lucky to have a man who has taken on me and my disabled child. I never thought I'd have this. So incredibly vulnerable people. And even if they do ask for help or support it's not necessarily going to be easy or forthcoming””. (Head Teacher)

When disabled young adults might have wanted to seek help themselves, they faced considerable barriers as services were not always accessible to them – services acknowledged that they had to do more but often resources were scarce. Some remarked that in times of financial difficulty it was children’s services which were cut first. For example, many domestic violence services run telephone helplines which require access to a phone, money, communication abilities and confidence. Professionals thought most young people prefer online services, but again this can be inaccessible to many disabled young people. In addition it was noted that, in using these remote methods, a learning or communication need might not get noticed by the support worker on the end of the line, leading to misunderstanding and a full understanding of the persons needs not being realised.

There was a recognition that even when disabled young people have overcome the significant barriers of recognising the violence, and feeling able to seek help, the use of the term “domestic violence” and/or “intimate partner violence” was not something that would be recognised by them. Therefore, even if they knew of their existence, they would not see these services as potentially being accessible to them. As one interviewee said:

I think there needs to be scoping to be done in particular with disabled young women about things they would trust, would they access the domestic abuse service, how would they, what would make that happen so they feel they could do that? Development Manager, DV service.

Even when all the barriers to accessing services were overcome practitioners from across all agencies reported that they often lacked the training, understanding and knowledge about how to work with and support disabled children and young people. There are few specialist therapeutic services that can meet the needs of young people with complex communication and learning needs. Examples were given by practitioners where knowledge and understanding were lacking including:

- Understanding how it might be challenging for some disabled young people to make decisions and organise themselves.
- Understanding why disabled young people might be impulsive and were seen to be putting themselves “at risk”.
- Coping mechanisms adopted by disabled young people.
- How trauma manifests in young people, and in disabled young people.
- Communicating with disabled children and young people.

Multi-agency planning and collaboration

The importance of multi-agency working was raised time and again in order to support the often multiple needs of this group. Many felt that services were too insular and worked in silos – and in some cases were very quick to close cases, seeing problems as outside their remit. The importance of linking expertise and knowledge from across the sectors that are working with disabled children and young people, or with issues affecting disabled children was seen as vital.

People being quite insular in what their service can offer....well no that's not my job now so I'll close, or well it's a mental health so push it to a mental health worker, or she's got personality disorder so there's nothing we can do and let's leave it at that. (Family intervention lead)

There were many examples given for the need for multi-agency planning. One issue was raised by education professionals who described how there were increasing numbers of disabled children and young people who have been placed in care because of domestic violence. However, support had not been given to the young people for them to understand what had happened and to aid their recovery. In addition to this, these professionals explained that they are witnessing many disabled young people in care re-connecting with their parents at the time of transition to adult services. These young people are not being supported to manage this. It was felt that there was a lack of understanding of the continued vulnerabilities of the young people – pre 18 contact with the family is seen as a risk, post 18 birthday it is seen as the young person's choice. Professionals were concerned that there seemed to be little understanding of coercion and control, or of the impact of historical abuse in adult provision.

Some workers described seeking help from CAMHS or psychiatry for families but they were concerned at the significant gaps in service, waiting lists and the pattern of office-based appointments that family members could not make because of the various practical and behavioural challenges getting there or that young people found difficult because of sensory needs. For example, in one case a young person could not cope with waiting in the GP's busy waiting room.

Importance of understanding and using domestic abuse multi-agency processes

A number of professionals chose to raise the issue of how effective MARACs (Multi Agency Risk Assessment Conferences) were for disabled children, young people, adults and their families. In many cases there was concern that disabled children and adults are not often discussed, and that the short slots within MARACs for each case were too brief to discuss complex needs. There were particular challenges concerning the fact that practitioners attending MARACs were often not trained in understanding disability. Also raised was the issue that survivors may not feel that they are consulted and their communication needs may not be understood and applied in preparing information for MARACs. Examples were shared around concerns of a lack of understanding of autism and the impact of a learning disability on a person's life. The lack of engagement of disabled people or families within the process was seen as particularly problematic, as was

having accessible information to explain the process. The lack of involvement of children's social care in some cases where there was an identified high risk of violence was seen as particularly problematic.

I still regularly attend MARACs where children are not open to social care even though we're saying these women are high risk domestic violence victims, and that would be a reason to want them open really to do some monitoring and do some direct work with the children. And what usually happens is they've just been closed... they need a plan of some kind, whatever that, or even if it's a child in need plan, but they need something in the interim, because what we're saying is there is a high risk of violence happening in this house. (Family intervention lead)

Practitioners reported that there needed to be better links between domestic abuse referrals and local multi-agency child protection services, such as the MASH, so that all family members (including the children) receive the protection and support required.

Transition and planning for social and emotional needs as young people move towards adulthood

Of great concern to many of those interviewed in services for disabled young people was the lack of attention being given to transition planning and support in general as disabled young people moved into adulthood and possibly adult services. It was very clear from the accounts we heard that social and emotional issues were not always included in plans but as described above, few of the young people had received support to understand or recover from experiences of abuse which they had experienced, and may be moving into the adult world with little support in place, thus placing them at continued risk.

The stark reality of the lives of these young people and the lack of support was described in detail by refuge workers supporting disabled young people.

'Alongside domestic abuse, many of these young women also have trauma, attachment, loss and separation issues often from multiple moves, being LAC [Looked after Children] and often mental health or unmet emotional needs. Many have been around so many services and have additional learning needs; their needs are hard to separate as the levels of harm are so intertwined. One young woman had been persuaded to give up her child but had not really understood what this meant. It was not made clear in a manner that she could understand. Many do not have an actual diagnosis; but have lots of missed school and unmet health and educational needs. Many do not understand the barriers they face when trying to flee' (Young Women's Refuge)

The level of needs of some young people do reach the 'threshold' for transitions workers from social care working with disabled young people one of whom described the complexity of advocating to some parents for the needs of the young people in terms of understanding healthy friendships, knowing about sex and

relationships; she recognised and described the fears some parents had about relationships and the dilemmas and overprotection that resulted. She said that many parents do not talk to their disabled offspring assuming they will not want relationships. Some parents find it awkward and may object to work being done with their young people even though they are young adults; others are very positive and want them to have help; in some cases social workers feel they have to negotiate with parents about this; some parents find it hard to accept their child moving on towards being grown up and needing to understand these issues for their own as well as others' safety.

One young woman had no experience of what a good relationship in real life would look like and had grown up witnessing domestic abuse. She had been groomed and there were issues about sex and consent; the men she was meeting themselves often also had autism and were in controlling relationships and had issues about how they saw relationships;

'She'll never have a boyfriend men will just want to rape her'; her mother saw relationships as very negative for her daughter (transitions worker)

The transitions worker had persisted in work to address these needs. She also talked about young men whose behaviour was controlling towards their own mothers; some had not had help and intervention early enough to help with behaviour, communication and understanding and for some families the need for domestic abuse and autism specific support combined required highly skilful interventions needing careful planning, and safety measures and in some cases protective actions.

Where disabled young people are cared for at home and remain dependent for longer, and there is domestic abuse taking place, they may continue to live with this for longer than other young people and find it less easy to tell or get help. It can be hard to talk to young people alone when they live with their parents/carers.

Discussions about choices and capacity may begin too late; one transition social worker who worked with looked after young people talked about the careful attention needed to helping young people make sense of relationships and what was safe and positive and what was not when they had had negative experiences.

One social worker from a 'transitions team' working with disabled young people with dual diagnoses of learning needs and mental health needs described incidents of violence from young males with ASC (Autistic Spectrum Condition) towards their siblings and carers often mothers/female carers. These are areas for further study; within this exploratory study child to parent violence was raised a number of times and the context within which this is taking place is one where there is an increase in reported incidents.

Transitions practitioners explained that often families had not received support when their children were younger and had now reached crisis point. Others spoke of how some parents had themselves experienced sexual exploitation and/or domestic violence and were themselves struggling with trauma, anxiety and not able to cope with their child's needs. A common theme was that these parents found it very difficult to voice what was happening, particularly as many feared their young people being taken into care. Some workers

spoke of a “conspiracy of silence” as parents feared what might happen and possibly felt as though they have failed when their child becomes controlling and violent.

Practitioners were particularly concerned that “domestic abuse gets confused with challenging behavior” and many felt that there needed debate and understanding about the differences. Social workers acknowledged that they had a long way to go to address challenging behaviour and that often their involvement was too late with entrenched patterns having become established and hard to change. Some workers were aware of good practice. However, there was a lack of awareness about strategies that could be used to develop consistent approaches, understand behaviour as communication, develop communication skills and positive behaviour support plans in the home.

Many of the young people and their parents described by the social workers were reported to have needed far more help earlier in their childhood with communication, understanding how they experienced their world and what feelings their behaviour was communicating. Many had experienced sensory issues, and anxiety affected their behaviour and responses. Whilst early help may not have been enough in all cases to prevent the development of behaviours that hurt or controlled as patterns in the lives of these families, this earlier investment may have helped and may have reduced risk faced behind closed doors by some families.

Current awareness is growing about positive responses to autism and associated neurodevelopmental needs, management of anxiety and behaviours that tell us or communicate to us that a person is feeling anxious. It was felt that these areas may have yet to feed into the ongoing skills training of all workers who come into contact with children and young people with autism and communication related needs at any stage.

Disabled young peoples’ views on good support

Despite the difficulties in accessing disabled young people to take part in this research, those we listened to wanted to share their experiences of abuse and suggestions for improved practice. As one autistic young person in his early twenties explained regarding his abuse:

‘I thought it was normal; I didn’t think there was anything to tell. It happened from when I was little to when I was in my teens...the physical and mental abuse was the normal thing; there was sexual abuse too...I hadn’t had any education about what abuse was; I can only remember that being nasty to me was what was normal’

One young person was very aware that he was able to mask things and answer ‘mm, aha’ when asked if he was ok. This young person was very clear:

‘Don’t just accept “aha”; care and mean it’

The messages for practitioners from the young people indicated that they wanted practitioners to ask more assertively and more clearly, and to form relationships with them

'Don't be superficial'

'Don't just read my file, (ask me what it was like)'

'If you say something, do it and follow it up'

Learning for practitioners based on disabled young people's experiences

As practitioners and managers it is vital to understand that if living with abuse is normal for a disabled child or young person, they will not realise that it is abuse and will not tell you or anyone, so it is important to find out what they do and do not know when you are working with them. Do not assume their understanding of abuse is the same as yours.

In many cases it was often individual practitioners who invested their time and care that made the difference to disabled young people experiencing domestic violence. As one young person explained it was moving to a residential setting where they had a practitioner who sought to understand how they presented and invested in them as a positive young person that made the difference. Without her the young person felt that they would not have told anyone. The practitioner had been consistent and available, and had tried to understand the young person and how they responded. In all the young person's years at school and living at home, none of the many professionals involved had spotted the signs of domestic abuse or asked about what was happening. The young person had witnessed and experienced violence, which they described as 'always there' from their earliest memories.

Coping and surviving

Young people stressed the importance of those who persisted, who got to know them and who saw beyond their outward behaviours and accepted them.

'One size does not fit all; if we need wellies don't make us wear size 12 if we are size 11!!'

Some described what helped them to cope and survive was support to see they could grow up differently and not replicate the behaviour of an abusive parent; to talk about different kinds of masculinity and choose not to be, what one young man called, 'an alpha male'. He wanted support to make sense of how men and women can be, and wanted support to choose how he wanted to be.

Learning for practitioners based on disabled young people's experiences

Practitioners need to be aware how important it is to ask young people what they have experienced and not wait for them to tell. Young people have been very clear that they will only talk to someone they trusted, and that telling is 'scary' and 'horrible' and that often they do not have the words.

For the young people consistency of worker made a huge difference and that trust in someone was vital. In one example, a young man had had CAMHS appointments but they were too far apart to form relationships and they felt as though they kept having to explain themselves. They needed workers who could make sense of their history without them repeating information. They had experienced changes of doctors and counsellors and after two years of being on the waiting list for counselling the young person was sad that they had made no progress because of far apart appointments and lack of direct interest in them.

'the appointments make me feel crap; the doctors knew nothing about me'

'some doctors didn't even know what my condition was or how it affected me'

One young person reported that their doctor had insisted on eye contact and had not understood how this might make a person who was autistic feel; the young person felt as though the doctor did not understand how autism affected communication. As one young person stated..

'Why do you have to jump through such hoops to get the right help?'

Learning for practitioners based on disabled young people's experiences

Constant, multiple changes of workers affects a young persons ability to form trusting relationships. For disabled children and young people often they experience changes of GPs, CAMHS, social workers, teaching staff and education placements. Individual practitioners may not realise the overall impact of these changes across the services involved in a disabled young person life; meaning that it is the experience of the young person at the centre of planning that is missed, affected by gaps and inconsistencies in each of the agencies and compounded when agencies work in silos.

During the interviews young people spoke about connecting with people who sought to really understand their needs. For example, one young person connected with a counsellor who they said was very gentle and sought to speak in ways that suited the young person. Another young person talked about how important it was to have male workers as role models because he had not previously had experience of positive male role models as he now did. He stressed how much this had helped him and so seeing, not just hearing about, positive behaviours from men who he felt were supportive and gentle was very important to him thinking about other ways to be as a man.

'if boys have seen the alpha male stuff, they need different stuff; nurture, TLC, accepting and not judging'

He had had good support via positive relationships around him day to day in his new setting; this was not about expert counselling but about an approach to care that was attentive, embraced diversity, accepted and taught kindness. He was very clear that avoiding the 'buck your ideas up and knuckle down' approach was important.

Although we were unable to speak with any young people from this service, a professional told us about a counselling service that had a counsellor trained to work with LGBT+ young people and those with special needs but that this is very rare.

Some young people we talked to knew the term domestic abuse but did not really understand what it meant. For many it was just being hit and they were clear that this was not alright; however they were much less clear about emotional, sexual and financial abuse and control. When asked about domestic abuse, responses included:

I didn't know until it happened

I didn't know until I witnessed it

Educate young people about domestic abuse and what it is, whether they have experienced it or not

We need more information about what domestic abuse is

The young people agreed that talking about personal safety in college had helped. Some had liked the videos and images which had supported their learning, and they recognised that they all learned more with the combination of talk and images.

Alongside the need to inform disabled children about abuse and where to seek help, attention also needs to address the responses that services make if and when, disabled children and young people do seek help. Unfortunately the young people we spoke with had some poor experiences of support which would undermine whether they engaged with services. These included lack of communication skills and infantilising attitudes and behaviours:

'Don't talk down to us'

'Know what to do – you need to know what to do – we can talk'

'Check that we have understood'

'Don't talk to me like I am a four year old'

'Value me'

'They talk to my wheelchair and not to me'

Conclusion

This project has sought the views of a wide range of disabled young people and practitioners from domestic abuse and disability services both from the third sector and from statutory services. They came from authorities spread across England and from national and local organisations, from practice and policy and included academics. It is impossible to cover all of the issues raised in this report but it has sought to crystallise out some key messages for practice.

It found that young disabled people were often invisible to services, many received help only after a long period of the harm which they experienced going unnoticed, sometimes for many years. Many practitioners in domestic abuse have not had specific training in disabilities and many disability and social care and health staff have not had specific training in domestic abuse. There is a need for training to equip practitioners to notice and recognise when disabled children and young people are displaying signs of distress and trauma, this requires multi-agency training and a change in attitudes. There is a need for services designed to reach out to disabled young people.

It found a lack of data informing service design and delivery.

It also found that the needs of young women with learning disabilities who were parents were often not being addressed until they were in crisis and then not always directly, and that young women were scared to ask for help for fear of losing their children. It has found that without training to raise awareness practitioners from both the disability and domestic abuse and social care, health and education sectors are not always aware of the increased risks to those who are both young and disabled and that services are not directly reaching out in ways that work both for disabled young people, male and female, and for young people as a whole. Many with mild and undiagnosed learning needs are falling through gaps between services.

Despite this, the project uncovered some small pockets of good practice where individual practitioners and individual projects have sought to reach out across services, make links and work creatively in ways centred on the young people and advocating for them. The examples given arose because of individual determination and effort at practice level as opposed to a strategic approach informed by the voices and experiences of disabled young people. It has highlighted a tiny number of individual specialist projects in one area of the country alone working with young deaf survivors, women with learning disabilities and therapeutic needs of young people with learning disabilities. In doing so it has highlighted the need for a concerted approach to develop young people specific services across the whole country able to respond to the needs of all young people. However, care needs to be placed on the over reliance on diagnosis and high thresholds for disability services which may mean that the experiences of those many without clear or formal diagnoses or assessments of need are missed.

It has found gaps in services for those who are young and who need services which understand; the impact of their youth, needs associated with disability, the power dynamics and discrimination faced by young people, the pressures and gaps in other support services and the process of gaining independence. It has also highlighted the challenges of learning to be independent, the need for help and support that tapers appropriately based on their developing autonomy and voice, but also that autonomy, integration and voice may be constrained both by impairment and by disabling attitudes, poor responses and gaps in service design.

To strengthen partnership working, links need to be made at practice, management, strategic and policy levels between organisations working with disabled young people and with domestic abuse. The voices and experiences of young disabled women and men need to inform service design and development. We hope that this study stimulates policy and practice developments to meet the needs of this invisible group of young people.

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Everyone has a right to be treated with respect and dignity. Everyone
deserves to be safe.