Domestic Abuse, Sexual Violence & Learning Disabilities Conference 2017

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Warning:

• This presentation contains discussion of rape, murder, preventable deaths and violations of disabled people’s human rights.

• I have chosen to discuss these things, not to traumatisе you, not to shock you, or so that you pity us, but to call us to action – so that we face and stop these human rights violations together.
This presentation will outline:

**What do we know?**
The evidence about the extent and types of sexual and physical violence against learning disabled women and girls

**What are the barriers and risks?**
What are the barriers to safeguarding learning disabled women and girls

**What can I do about it?**
Towards prevention, safety, justice, human rights and independent living for disabled people, everyday in your role
What do we know?

The prevalence and types of sexual and physical violence against learning disabled women and girls.
Christine Lakinski
Died on 26 July, 2007 in Hartlepool.

Christine was dying of pancreatic failure and she collapsed outside her front door. She collapsed on the pavement.

Her neighbour tipped a bucket of water over her, sprayed her with shaving foam and urinated on her as she was dying. He asked his friend to film it, saying,

‘This is You Tube Material.’
Gemma Hayter
was murdered in August 2010 in Rugby.

She had been locked in a toilet, made to drink urine, beaten, raped and walked to a disused railway line by five people.

There, she was beaten until she choked on her own blood and was left naked to die.
Ms A, Scotland
More than 12 incidents of rape and serious sexual assaults by several men from 1999 to 2006 against one woman with learning difficulties (age 67).

Housing association reported it, Police knew of previous incidents but social services had not told housing. Welfare Commission Scotland found restriction of because of inappropriate capacity assessment that had not involved her specialist or people close to her. “Her ability to give evidence in Court was underestimated”. Some aspects of A's care could be illegal.
What do we mean by ‘domestic’ in domestic violence?
Is it the place?
Is it the perpetrator?
Is it the harm?
Is it the lack of justice?

Different patterns of ‘domestic’ and sexual violence for women with the label of learning difficulty than non-disabled women.
Why is a disability perspective important in violence?
A different pattern of victimisation than domestic violence.

Disabled people are 1.5 times more likely to be a victim of violence than non-disabled people – 1.6 x for people with intellectual impairments, 3.8x for mental health service users (Hughes et al, 2012).
Disabled men and women in psychiatric services are 2–8 times more likely to experience sexual and domestic violence than the general population.
Victimization is a trigger for suicide attempts among patients.

(Khalifeh et al, 2015)

Segregated institution (state, charity, private) and familial rape:
At least 20% + more occurrence, more frequent, severe and higher death rate than partner violence.
Disabled people under-represented in household surveys – violence in prison, assessment units, residential care, hospitals is invisible in the crime survey.
More sexual violence linked to financial abuse than non-disabled women.
Why is domestic violence and sexual abuse different with disabled women?

Similarities to domestic violence patterns – control of finances, lack of screening (esp. intestinal).

BUT DIFFERENCES FOR DISABLED WOMEN

Sexual extortion - financial abuse and threat linked to rape.

Penetration with objects - more sustained injury before death.

Rape used as institutional control.

Disabled or Deaf women not believed in health or justice (capacity, lack of IMCA safeguards).

Audist Hate Crime: Attackers using Sign Language to groom victims. Deaf women harmed by mainstream services with interpretation (paranoia, suicide, criminalisation, mental health service need).
Is violence and abuse against disabled people gendered?
(s.42 enquiries concluded)

<table>
<thead>
<tr>
<th>Types</th>
<th>London</th>
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<tbody>
<tr>
<td>Physical Abuse</td>
<td>24%</td>
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<tr>
<td>Psychological Abuse</td>
<td>16%</td>
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<tr>
<td>Financial or Material Abuse</td>
<td>18%</td>
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<tr>
<td>Neglect and Acts of Omission</td>
<td>33%</td>
</tr>
<tr>
<td>Other Risk Types</td>
<td>9%</td>
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</tbody>
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Region Male
- England
- East Midlands
- Eastern
- London
- North East
- North West
- South East
- South West
- West Midlands
- Yorkshire & the Humber

Region Female
- England
- East Midlands
- Eastern
- London
- North East
- North West
- South East
- South West
- West Midlands
- Yorkshire & the Humber

Selected LA: Derby (507)
- Male
- Female
Why focus on disabled women and girls?

Women were subjects of 6 / 10 disability safeguarding alerts (c.80,000) in England & Wales.

Particular gendered harms from violence (pregnancy, abortion, greater HIV infection risks, gynaecological injuries in women).

Women are mostly the main carers for children: mothers with learning difficulties are 3x more likely to have their children removed than non-disabled mothers in England and Wales.

Learning Disability Census (2015)
After Winterbourne View..
3,000 people with learning difficulties in institutions to end Sept 2015.
39% of women vs. 22% of men had at least one adverse experience (physical assault, self harm or accident) and at least one restrictive measure (restraint or seclusion).
Why focus on disabled women and girls?

Disability prevalence: 19.2% for women and 12% for men (UN Women, 2013).

Disabled women and girls are:

• 3x more likely to experience gender-based violence (sexual violence, rape, neglect and exploitation) compared to non-disabled women.

• 2-4 times more likely to experience serious sexual violence than non-disabled women or disabled men internationally. (Hughes, 2012)

• 2.5 times more likely to experience lifetime prevalence of domestic violence than non-disabled women.

• Twice the prevalence as family violence victims (6.9% v. 2.7% for non-disabled women – CSEW, 2012-2013 capped figures).

• Women with severe mental health need are more likely than women in the general population to attempt suicide following sexual assaults, but most do not disclose violence to healthcare professionals.
Learning disabled women die on average 20 years earlier and learning disabled men 13 years earlier than non-disabled people in the UK.

This is, too often, because of poor health and social care services rather than learning disabled people having life limiting illnesses.
Disabled children, violence and abuse

Disabled children 3.7x more likely to be victims of violence and 2.9x more likely to be victims of sexual violence (4.6x the risk for children with mental or intellectual impairments), Hughes et al, 2012.

Disabled children 3.4 times more likely to be violently abused and 3.5 times more likely to be neglected than non-disabled children internationally.

Of 147 OFSTED Reviews in 2010, nine of the disabled looked-after children, died. Of these, three took their own lives, four died of abuse or neglect.

Female disabled offenders reported the highest rates of sexual abuse in childhood (59.3%) (Lindsay et al, 2012).

Black and mixed heritage children three times as likely to be in isolation
Disabled children two-thirds more likely to be subjected to isolation in detention
The continuum of gendered violence against disabled women and girls.

The continuum of violence:
Femicide, rape, forced sterilization, institutional abuse, trafficking, rape, sexual assault, hate crime, grooming, being prostituted / trading survival sex, cuckooing and disability-specific violence
Disabled women trafficked

Across borders and internally in countries:
For sexual exploitation (est. 96% of trafficking):
• Sex work, being prostituted
  And labour:
    For forced marriage
    For welfare / benefits / medication
    For domestic servitude
    For begging
  Trafficked people are disabled intentionally:
    So they cannot recognise traffickers
    To order for fetishists
    For organ trafficking

Some victims given rest and recuperation for 30-45 days.. But not all of those who are trafficked and third country non-EU nationals detained, raped and deported.. Often to die or be retrafficked again..
Criminal Justice in England and Wales after disability hate crime (2012)

- 63,000 disablist hate crimes
- 1841 recorded by Police
- 579 referred for Prosecution
- 6% - 12% disabled victims got special measures (2008)
- 349 Convictions
- 6 uplifts
  - s.146 Crown Court
What are the barriers and risks?

What causes violence?
What prevents safety, justice and equality for learning disabled women and girls?
What causes violence against disabled people?

Two forms of violence:

**Direct violence** which includes physical, psychological, sexual and economic violence perpetrated by individuals.

**Indirect violence** - a type of structural violence, characterised by the norms, attitudes and stereotypes around an identity category (e.g. gender, disability) that operates in wider society and that normalises violence against the group.

The UN Special Rapporteur on violence against women:

- Institutional or structural violence:
  “any form of structural inequality or institutional discrimination that maintains a woman in a subordinate position, whether physical or ideological, to other people within her family, household or community.”

European Institute for Gender Equality (EIGE, 2011)
What causes violence against disabled people?

Dehumanisation allows hyper-violence and sexual extortion:

Segregation – fear, pity, charity images
• Segregated schooling breeds fear and contempt
  • Providing the conditions for hate violence: the degree of estrangement of groups in close proximity produces othering (Mason, 2005) – fear and contempt.
• Institutions:
  • Paid staff in institutions are physically intimate with residents but not friendly or compassionate, or reciprocal with them. Contact without intimacy and lack of privacy – produces violence. It is not the size or type of the institution, it is the conditions inside.

Poverty correlated with disablist hate crime (Emerson and Roulstone, 2014)
• Economic threat theory – in recessionary times scrounger / fraudster / cost of disabled people’s welfare
• Disabled people targeted for financial abuse
Lack of disabled people represented in services / employment
What creates risk of domestic and sexual violence?

People with learning difficulties are at risk:
- By being segregated from society / in isolation (institutions and ‘special schools’)
- From disablism and perpetrators who know disabled people will not be believed/gain justice
- By not being supported to give informed consent about decisions made for them.
- By not being involved in running ‘services’ for them

(Hollomotz, 2012)

By ‘over-protective’ approaches that put people at risk of harm

Care Act Statutory Guidance:

People without safety and justice in their support plans
People with fewer than four people in their lives who are not paid to be there.
Risks in missing the evidence-base for services..

- Personalisation is not just about the money!
- Lack of evidence-based commissioning
- No equality impact assessments; no gender-sensitive commissioning
- 16 different inspection bodies, no independent investigation of rapes or deaths of detained patients
- Unpublished Safeguarding Adult Reviews
- Professional silos and not sharing information
- Lack of training about working with violence victims and survivors in disability services and lack of disability equality in victim services...
Failures in commissioning – we don’t have the money for social care?

• 2015/16: £477.4 million was spent on keeping approximately 2500 people with learning disabilities in hospital. (52% were private sector – it was 20% in 2006)
• On average a 5 year bed will generate £950,000 in income with a for-profit provider.
Risky, unsafe services..

Failure to publish Serious Case Reviews
Poor staffing levels
Under-trained, under-experienced staff
Use of restraint regularly – not de-escalation or safer wards..
Unsafe consent assessments:
  • lack of IMCAs and independent peer or case advocacy
  • Are your assessments timely?
  • Is your internal ‘best interests’ assessment enough?
  • Are your capacity assessments decision-specific?
  • Could Winterbourne View happen here?

What are the barriers to safety, human rights, justice, employment and equality for disabled people in your service?
Indicators of risk of violence and abuse..

- These are not the same as non-disabled people’s risks..
- Unsafe housing conditions for victims / being cuckooed..
- Where is money going (sexual violence linked to financial abuse with disabled women, not in standard DV model)?
- **Does someone have fewer than four people in their lives who aren’t paid to be there?**
  - Malnutrition
  - Change in behaviour
  - No consent training / sex education
  - Isolated from consensual, loving relationships with other people
  - Not believing the victim!
Frontline problems correlated with violence..

• Institutionalising someone increases their risk of experiencing violence
• Unsafe restraint practices
• Poor capacity assessments
• Lack of independent advocacy, intermediaries, appropriate adults and special measures use
• Privatisation – deskilling, low-paid staff in prisons, forensic units and residential settings
• Too few disabled people employed in services
After violence: gendered, disabling risk of injustice...

Women with severe mental health service need (psycho-social disability) reporting rape in the Metropolitan Police area:
- 13% had learning difficulties (vs. 2% of other rape complainants without PSD)
- 9% were homeless or reported as missing persons (vs. 2% of other rape complainants without PSD)

Police explicitly noted doubts about the credibility of the victim in particular in 37% of cases involving a complainant with a recorded PSD compared to only 17% of cases in which the complainant had no recorded PSD.

(Ellison et al, 2015)

Credibility assessment is the role of the CPS; prosecutors consider credibility using full code test (with pre-trial interview and special measures if necessary).

32% of adult offenders have an IQ under 80 (label of learning difficulty)
60% of children who offend have a communication difficulty.

(Prison Reform Trust, 2012)
Men were significantly more likely to be repeat perpetrators

**78% of all male perpetrators had more 2-24 repeat incidents recorded – one man had 52 repeat incidents in six years (only 13% of men had one incident recorded).**

62% of women recorded as perpetrators had only one incident - the highest number of repeat incidents for any woman was eight

400 incidents in 32 dual perpetrator cases, compared to only 181 across the 64 sole perpetrator cases.

**Men significantly more likely than women to use physical violence, threats and harassment.**

Women recorded as perpetrators mainly involved verbal abuse against their partners

Female perpetrators as to a greater extent having mental health or other health issues

**Women were three times more likely to be arrested per incident.**

men arrested once in every 10 incidents (in 11% of incidents) and women arrested every three incidents (in 32% of incidents).

Hester (2013)
What can we do? Let’s not..

Step away – not look at violence
Privatise our services and cut independent living
But now £1 in every £5 of public money is spent on the effects of poverty..(JRF, 2016)
Reduce how we count violence:
Cap the domestic violence figures (see Walby et al, 2016 for an analysis..)
Don’t count deaths as in detention if the time of Death is called in an ambulance or hospital..
stop counting rapes in State services..
United Nations Inquiry found ‘grave and systemic human rights violations’ with regard to

UK Government’s policies on people with disabilities in relation to their human rights obligations

The UK is the first country to be investigated by the UN in relation to this Convention.

Disabled women’s services were lacking.
“How do you know I have a learning disability? Maybe you have a teaching disability!”
How is your organisation intellectually disabled?

Intellectual disability is characterized by:

• significant limitations
• in both intellectual functioning
• and in adaptive behavior

How are unsafe environments created and sustained? What are the barriers to safety, human rights, justice, employment and equality for disabled people in your service?
What can I do?

Towards prevention, safety, justice, human rights and independent living for disabled people, everyday in your role
Adopt the social model of disability....

A person with an impairment is disabled by attitudes and barriers in society.

Disability - the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (UPIAS, 1976).

What are the barriers to safety, human rights and equality for disabled people in your service?
What can we do? Preventing violence and abuse..

Personalisation – informed choices, speaking out, having disabled people as part of the community

Self-advocacy, peer advocacy and independent advocacy
By having people in someone’s life who aren’t paid to be there...
circles of support.. Building social capital and communities

Dignity and quality of life

Reduce poverty and isolation..
Improving the representation of disabled people in work, civil society and democracy

Sensible risk appraisal, not risk avoidance: "what good is it making someone safer if it merely makes them miserable?"

Lord Justice Munby
Use the Care Act (2014)

Situational risk of abuse or harm..

Law Commission recommendations instituted by the Lords Amendment of the Protection of Freedoms Act to,

“No longer define an adult as permanently vulnerable and .. instead emphasise that an adult is vulnerable at the time they are being provided with ...a.. regulated activity... and will instead focus on the person providing the regulated activity,” (2011:113).

Situational experience of, or at risk of abuse, neglect or harm

Someone, over 18, with care and support needs (includes needs arising from or related to an impairment, illness or substance use – formal diagnosis not required)

AND as a result of those care and support needs the person cannot protect themselves from the risk or experience of abuse or neglect (Care Act, 2014)
Developing safe services..

• Risk assessments – unsafe staffing and isolation addressed.
• The principle of the **least restrictive option** helps to ensure that interventions are necessary and proportionate.
• Section 1 of the MCA S1. Balancing act or decision done for a person who lacks capacity, consideration is given to achieving the person’s best interests in a manner which is least restrictive of the person’s rights and freedom of action.
• Employ disabled people and survivors of violence
• Routine Enquiry – Talk about violence
• Provide an advocate to individuals unable to speak for themselves without support (and meet the test set out in the Act) OR an Independent Mental Capacity Advocate (IMCA) if subject to MCA.

www.visionsense.co.uk
What can commissioners do?

• Update the Contract provisions on safeguarding to include references to domestic violence, restraint and the Care Act (2014)

• Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and (Amendment) Regulations 2015: Regulation 13. Devolve this in criteria, contracts and monitoring to safeguard from abuse and unlawful restraint. How does the provider have a zero tolerance approach to neglect, abuse and degrading treatment?

• Institute the European Victims Directive (2012) standards in contracts

• How well do you assess level of risk and need?

• Are safeguarding cases prosecuted?

• Involve disabled people in services and inspections, e.g. Experts By Experience, Healthwatch, Custody Visitors, Quality Checkers

• Include disabled experts in Terms of Reference and Advisory Group

• How many disabled people are employed at decision-making levels in services?

• Involve disabled people in community life. Contact BETWEEN groups reduces violence.
What Survivors want..

• More disabled people employed in the Police Force and involved in research about them.

• Accessible refuges and third party reporting – community interventions

• Community victim impact statements to the Court from user-led groups

• Improve take-up of special measures (Super-Intermediaries)

• Best interests reviews (for example, in changes to housing after attacks).

• Victim Advocates in Court (Sweden)

• Contact between disabled people and non-disabled people in communities to reduce fear and tension.

• Circles of support
What can we do?

Third Party Reporting Centres: Independent logs of hate incidents - Patterns and intelligence for the Police. Anonymous data gained from community safe spaces - not having to report to authorities.

Support for victims and witnesses: User-led peer support groups more effective than individual counselling (especially for Deaf people).

Campaign for improved laws, convictions and prevention. Joint-working between social care, health and Police.

Create contact between disabled and non-disabled people in your area.
"That quote, 'the only disability in life is a bad attitude', the reason that's bullshit is ... No amount of smiling at a flight of stairs has ever made it turn into a ramp. No amount of standing in the middle of a bookshelf and radiating a positive attitude is going to turn all those books into braille."

— Stella Young
“Health and social care service managers and professionals should ensure *front-line staff in all services* are trained to recognise the indicators of domestic violence and abuse”

(2014)

Disabled trainers and trainers with lived experience of violence.
The Quality Checkers programme:
  disabled people measure the quality of health
  and social care services they use, nationally
  after the Mazars independent review –
  Southern Health NHS Foundation Trust (2015)

Experts by Experience speak to people using
services and their family/advocates on
inspections of services. They may either do
this face-to-face or on the telephone
depending on the service to be inspected.
They also observe how the service is delivered
and speak to staff.

Findings from disabled people are used to
support the inspectors’ judgments on services
and can also be included in inspection reports.
Be the change you want to see - *Ghandi*

If not us.. Who?
If not now.. When?

#Justice for LB.
Thank you!

Please contact me:

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Any questions? Thank you!

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