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Abstract

Women with a learning disability who experience domestic abuse receive intervention from both social services and the police. Responses from these services have increasingly become focussed on notions of risk. This article uses governmentality theory to examine how risk is understood and managed by both services through a focus on policy and practice. The article examines how policy directs social workers to promote positive risk taking whilst assessing and managing risk for those deemed vulnerable or lacking mental capacity to self-protect. It is argued that whilst social work decision making around risk has primarily been based on the judgement of individual workers, the police have increasingly adopted assessments utilising calculative measures. In addition, the article explores the extent to which these women are treated as autonomous agents responsible for managing their own risk. It is argued that social workers and the police should adopt a common screening process to highlight groups of women who may be at risk of abuse. In addition, social workers should draw on their interpersonal skills to enable women with a learning disability to recognise and make informed choices about abuse.

Key Words: Adult protection, domestic violence, learning disabilities, multidisciplinary work, risk, risk assessment.

Introduction

Since the late 1970s there has been an academic focus on domestic abuse as an issue of gender oppression. Early explanations drew primarily on the role of patriarchal power within intimate partner relations (Dobash and Dobash, 1979). As theories evolved, a number of authors argued that domestic abuse could not just be viewed through a gendered lens, but rather ethnicity (Mama, 1989; Bograd, 1999), class (Bograd, 1999), age (Penhale, 2003) and physical impairment (Nosek et al, 1997) were all relevant factors to consider in understanding, not only the effects of domestic abuse, but also what service responses most benefited victims. Yet, within this ever growing body of literature, the needs of women with a learning disability who have experienced domestic abuse have largely been overlooked (Walter-Brice

et al, 2012). The dearth of literature in this area may in part be explained by the historical repression of the sexuality of people with learning disabilities, who were very often viewed as either asexual or as eugenic threats to society who needed to be managed through institutionalisation (Brown, 1994). Cultural shifts in the last 40 years in policy and practice have led to an increasing acceptance that people with learning disabilities have a right to normal lives in the community, including a right to sexual relationships.   As is the case with their non-disabled peers, women with a learning disability have the right to protection if they experience domestic abuse.

The means through which individuals are offered protection by public bodies has been affected by a growth in risk thinking which arose in the 1990s (Kemshall, 2002). During this time, notions of risk management originating from insurance and engineering came to be applied to both social work and criminal justice services (Horlick-Jones, 2003). In this article, we highlight the way in which risk has been defined in policy initiatives and frontline practice in relation to adults with learning disabilities and adult women experiencing domestic abuse.   Specifically, we examine the extent to which risk management practices have been adopted by the two lead statutory agencies dealing with domestic abuse experienced by women with a learning disability; that is social services and the police. In doing so we draw on sociological theories of risk to examine two aspects of risk assessment and management practice. First, we examine the degree to which both agencies have adopted calculative risk assessment tools as a means to highlighting and reducing potential risk factors. Second, we examine the degree to which women with a learning disability are viewed as autonomous individuals who are capable of assessing and managing their own risks. Although both social services and police

use risk assessment and management strategies; each conceptualises risk differently. This then has an impact for practitioners attempting to work with both systems. The purpose of this article is to analyse the underlying assumptions about risk within each service in England and Wales in order to consider how social workers might best work across cross-disciplinary boundaries to support the needs of women with a learning disability who have experienced domestic abuse. We have targeted this article at social workers on the basis that they tend to co-ordinate safeguarding responses within or on behalf of local authorities in England and Wales. Within this article we are using the term domestic abuse to mean the physical, emotional, sexual or financial abuse of an individual perpetrated by an intimate partner, although we recognise that within policy the term applies to family members as well (Home Office, 2013). We have chosen to use the term domestic abuse rather than domestic violence as the former is wider ranging. Whilst we recognise that domestic abuse can happen to either gender, we have chosen to focus specifically on women as statistics continue to show that women are disproportionally affected (Office of National Statistics, 2013).

Risk Assessment Tools

Social services and the police both work with groups of individuals who may be subject to abuse. Whilst the need for services to offer protection to such groups is not new, it has been argued that a growing distrust in experts has led to pressure for professional decision making to be more transparent, and this is increasingly evidenced through the use of risk assessments (Alaszewski and Burgess, 2007). These assessments aim to make the risk reduction strategies employed by professionals more explicit. Whilst policy and guidance increasingly promotes the

use of such tools the forms that they may take vary. In order to clarify our later analysis, we begin by providing a definition of clinical assessments, actuarial assessments and informed professional judgement. Clinical assessments draw on the expertise of the practitioner who makes predictions based on professional knowledge and experience. The use of the term clinical here is not limited to medical expertise and might also be applied within welfare and criminal justice settings. Actuarial risk assessments by contrast, adopt a "formal, algorithmic, objective procedure (e.g. equation) to reach a decision" (Grove and Meehl, 1996, p.293). Many of the risk predictors used in such assessments are static (i.e. based on variables such as age or sex) and may be better understood as probability statements (Canton, 2005). 'Informed professional judgement' (also referred to as third-generation risk assessments) draw on elements of clinical and actuarial assessments. Within these assessments, actuarial measures used to inform professional judgement are outlined, although clinical judgement and the service user's own view of the situation may also be drawn upon.   Both actuarial risk assessments and informed professional judgement can be understood to be 'calculative' risk approaches on the basis that they require practitioners to draw on statistical risk information

Whilst risk assessments have become more dominant across all areas of social work practice, research indicates that professionals rarely interpret actuarial data in a 'pure' way. Whilst workers are increasingly aware of risk policies, their own interpretations of risk are also influenced by case-based information (Broadhurst et al 2010), team culture (Broadhurst et al, 2010) and by workers' own sense of moral duty (Sawyer et al, 2009; Stanford, 2011). Similarly, research within mental health

and criminal justice settings indicates that although risk assessment practices are promoted by managers, workers may resist these where they are seen to be at odds with their own professional values (Kemshall and Maguire, 2001; Sawyer, 2009; Sawyer et al, 2009; Hardy, 2014). It is currently difficult to assess how agency risk responses are received by service users themselves. Whilst there is some research indicating how service users with a learning disability understand and respond to risk (Alaszewski and Alaszewski, 2002; Hollomotz, 2012; Kilcommons et al, 2012) there is no research examining the awareness of this group as regards professional risk assessments, although research in mental health suggests that service users are often excluded from risk assessment processes (Langan, 2010; Dixon, 2012).

Risk and Responsibility

Whilst calculative risk assessments may be promoted on the basis that they act to reduce potential harm, sociologists have focussed on the way in which risk thinking promotes certain values. Beck (1992) has famously argued that we are living in a 'risk society' which is pre-occupied with notions of safety and how dangers in the future may be controlled, thus leading to a rise in risk thinking. Whilst Beck provides an important grand theory, of concern to us here is the way in which organisations and individuals may be held accountable for risk at a micro level. In order to examine this we draw on governmetality theory (Foucault,1991) to analyse the way in which professional knowledge promotes certain risk strategies.   Governmentality theorists have argued that power has increasingly been devolved from central government to professionals and individual citizens. Rose argues that such shifts are driven by "ideas of freedom [that] have come to define the grounds of our ethical

systems" (1999, p.10). Risk thinking therefore comes to offer an alternative rationale for the provision of social services that is seen to be superior to models based on dependency or need (Green, 2007). Within this system, individuals are encouraged to draw on professional knowledge in order to assess and manage their own risks. These systems can be seen as aligned to 'choice' agendas in which individuals are encouraged to design and organise their own packages of care (Glasby, 2014). Within this system, individuals are treated as 'rational actors' who will make choices based on information provided to them by public bodies or professionals. Responsible behaviour is framed as action taken to minimise risk in one's own life (for example, through adopting healthy lifestyles, pension planning or through taking measures to prevent crime) (Rose, 1996, 2000).

In practice the balance between service user autonomy and agency responsibility is complex. Whilst the individualisation of risk signals a rolling back of the welfare state, welfare strategies remain in place for those who are seen as unable to manage their own risks; either due to a lack of capacity, or through an unwillingness to accept personal responsibility (Rose, 2000). In the case of people with a learning disability, individuals are encouraged to take a greater role in planning their own care (which may include an assessment of risk). Where a service user is unable to protect themselves or lacks the capacity to make informed decisions, practitioners are required to take steps to manage such risks. An examination of current policy in the following section will outline some of the tensions in the way that risk has been framed as both a means of promoting individual responsibility and highlighting vulnerability within this service user group.

The assessment and management of risk within learning disability services

The approach taken toward risk management for adults with a learning disability in the UK needs to be seen in the context of the shift away from large scale institutions in the 1980s. Prior to deinstitutionalisation, people with learning disabilities had been cared for either by institutions (Hollomotz, 2011) or families (Rolph et al, 2005). Such protectionist responses were driven by beliefs that those with a learning disability were vulnerable or might pose a danger to others.   The shift toward more inclusionary policies in the 1980s was informed by a number of diverse influences. Professionals concerned with the damaging effects of institutionalisation developed 'normalisation' theories which argued that those with a learning disability should be enabled to live out the same routines as non-disabled people and be given valued social roles (Nirje, 1969; Wolfensberger, 1972). Advocates of this approach argued that risk taking formed a part of everyday life and that people with learning disabilities needed to experience this in order to achieve wider social gains (Perske, 1972). These ideas were initially accepted by the UK government. For example, The Jay Committee Report noted that:

> Each of us lives in a world which is not always safe, secure or predictable;
> mentally handicapped people need to assume a fair and prudent share of risk (Jay
> 1979, p.121).

These progressive concerns focussing on 'normalisation' combined with Conservative government concerns to deliver a mixed economy of care through the National Health Services and Community Care Act 1990 and provided the means through which individuals with a learning disability could live more independently

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(Department of Health, 1990). However, public concern around some of the negative consequences of de-institutionalisation led to a push towards more formalised risk assessment and management practices.

High profile mental health inquiries in the 1990s (such as the killing of Jonathan Zito by Christopher Clunis) (Ritchie et al, 1994) raised concern amongst policy makers that de-institutionalisation would not automatically lead individuals to become more independent and that without adequate support they might pose unacceptable risks to themselves or others (see Alaszewski, 1999). However, these concerns did not have a blanket effect on the way in which risk was conceptualised and managed for all service users with a learning disability. A range of risk assessment tools were developed for people with learning disabilities who had committed offences against others or who came under the auspices of mental health services (Lindsay et al, 2008; Craig, 2010; Camelliri and Quinsey, 2011;; Fitzgerald et al, 2011). In these instances, actuarial and third generation assessments were developed as a means of measuring and managing risk. However, the majority of service users with a learning disability have continued to be seen by general adult rather than mental health services. In this area, formal risk assessment tools have not been adopted to the same degree. Instead, the emphasis has been on providing safeguarding responses for those who were seen as unable to protect themselves from harm or exploitation (Department of Health, 2000; Association of Directors of Adult Social Services, 2005).

Adult care policy and guidance has recommended that agencies adopt risk assessment procedures which are co-ordinated across agencies (Department of Health, 2000; Association of Directors of Adult Social Services, 2005, 2014; National of Institute of Health and Care Excellence, 2014). However, the form that such assessments should take has been left to the discretion of individual agencies. It therefore remains unclear how far current risk assessment practice within this group is informed by actuarial data. Whilst social workers were tasked with adopting risk procedures designed to safeguard adults with a learning disability they were also tasked with promoting their autonomy. This duty was also framed in the language of risk. The Government's Fair Access to Care policy (Department of Health, 2003) highlighted the notion of personal responsibility in managing risk which was linked to a service user rights to engage in 'active citizenship' through choices about risk to independence (p. 5). Greater emphasis was therefore placed on the need for service users to be enabled to take 'positive risks' (Department of Health, 2009) with safeguarding responses being focussed on either those who lacked capacity (as defined by the Mental Capacity Act 2005 (Department of Health, 2005)) or those identifying that they were experiencing abuse (Association of Directors of Adult Social Services, 2005).

A number of authors have argued that an increased focus on risk within adult care services acts to make practitioners focus on achieving safe outcomes rather than promoting service user choice (McLaughlin, 2008; Seale et al, 2013; Hollomotz, 2014).   There is no research focussing on the way in which social workers assess risk within learning disability services. However, research examining decision making by staff in residential units and by multi-disciplinary teams indicate that

workers draw on both agency policies and their own clinical judgement when deciding how to respond to risks (Alaszewski and Alaszewski, 2002; Robertson and Collinson, 2011). In cases where workers experienced the organisation's response as overly cautious or contradictory, they either relied on their own professional judgement or took risk decisions within team meetings to aid defensibility (Robertson and Collinson, 2011). Thus we can see that despite policy initiatives, the assessment and management of risk tends to rest heavily on clinical assessments within learning disability settings. Policy responses within the police service have developed in a different direction and we will now go on to explain how the police have come to adopt a more formalised response.

The assessment and management of risk within the police service

How risk is currently perceived and managed by the police needs to be understood both in the context of the changing social constructions of domestic abuse as well as changing strategies of harm reduction. Prior to the 1970s, domestic abuse was largely constructed as a private and family matter, and the general practice of criminal justice services (and social services) was to have minimal involvement (Dobash and Dobash, 1979; Edwards, 1989; Mullender 1996; Hoyle, 1998). At this time, the breakdown of the family unit was seen as the greatest social harm, and involvement from outside agencies in 'domestics' was thought to contribute to family disintegration (Dobash and Dobash, 1979; Hoyle, 1998). As public attitudes began to shift from the 1970s onwards, due in large part to feminist campaigning, the physical and emotional harm endured by the victims and their children as a result of domestic abuse was recognised as the greater social concern (Mullender, 1996).

Changes in law such as the Domestic Violence Matrimonial Proceedings Act 1976, the Housing (Homeless Persons) Act 1977, the Domestic Violence Magistrates Act 1978 and the Matrimonial Homes Act 1983 gave police the impetus to address domestic abuse (Hoyle, 1998). They also marked a clear transition in law and policy in constructing domestic abuse as a public, rather than a private, concern. Despite the legislative shift marking domestic abuse as a criminal matter, research indicates that police officers tended to take action only when they viewed the perpetrator as particularly dangerous (Hoyle, 1998). Where arrests did take place officers tended to rely on their 'gut feeling' (Hoyle, 1998; Hoyle, 2008) driven by their own assessment of the perceived dangerousness of the offender. This judgement tended to be based on observed evidence of actual physical harm.

With the introduction of targets to reduce crime from the mid '90s (Hoyle, 2008; Walklate and Mythen, 2011), and the increased power of arrest under the Domestic Violence Crime and Victims Act 2004 (Mactzak et al, 2011), police focus began to shift from purely reactive responses toward proactive interventions (Walklate and Mythen, 2011). This marked a further shift in thinking from identification of danger within an isolated situation to identifying the potential for future harm, marking a rise in risk thinking (Hoyle, 2008). The Association of Chief Police Officers (ACPO) guidance *Identifying, Assessing and Managing risk in the context of Policing Domestic Violence* introduced risk assessment tools to enable officers to identify high risk victims (2005). The current tool recommended for use by the police is the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk identification, assessment and management model (Richards, 2010; Her Majesty's Inspectorate of Constabulary, 2014). This is a structured professional judgement tool developed

from research into risk factors identified in reviews of domestic homicides in London (see Richards, 2004). The tool is currently used to determine whether cases should be referred to a specialist domestic violence officer who will assess whether a referral to a Multi-Agency Risk Assessment Conference (MARAC) is required (Her Majesty's Inspectorate of Constabulary, 2014). These thresholds are determined by either how many risks are indicated or though the individual judgements of officers. The main strength of the DASH is that it highlights factors which indicate a high probability of future serious injury or death. These include the victim's own perception of future violence, pregnancy, a history of previous domestic abuse within the relationship, the perpetrator's access to weapons, child contact difficulties, a history of substance misuse by the perpetrator, and the perpetrator's history of mental health difficulties (see Richards, 2009). Although the DASH was developed for use by the police, a common assessment tool based on the same principles has been developed for other professionals (Co-ordinated Action Against Domestic Abuse, 2012). However, in line previous risk assessment tools for domestic abuse (see Hoyle, 2008) the DASH weights all risk equally which does not take into account that some risks may be more indicative of future harm than others. Therefore such tools can only be used as an indicative measure of future risk and cannot yet replace the need for judgement by individual professionals (Walklate and Mythen, 2011). Research into the use of such tools by the police remains at an early stage. Whilst such tools are promoted at a policy level early evidence suggests that the DASH is being ignored or misapplied as an actuarial tools by some officers (Her Majesty's Inspectorate of Constabulary, 2014). Therefore current risk policy needs to be understood by social workers with recognition that tools are likely to be subject to interpretation by different organisations and the individuals within them.

Whilst assessment tools are used by the police to identify those who may be at risk, the current system also positions victims as having responsibility for their safety. Individuals who experience abuse are encouraged to report incidences and to engage in safety planning with police officers and other agencies (Hoyle, 2008; Walklate and Mythen, 2011). Such plans require the victim to accept responsibility for reducing her level of risk (Hoyle, 2008). However, these plans may minimise the difficulties that victims may experience. Victims may be reluctant to report abuse due to financial instability (Burman and Chantler, 2005; Kim and Gray, 2008; Meyer, 2012), disruption to their children's lives (Rhodes et al, 2010; Meyer, 2012), a fear of retaliation from their partner (Hoyle and Saunders, 2000; Hester, 2013, Her Majesty's Inspectorate of Constabulary, 2014), or through fears that the police will take no action (Her Majesty's Inspectorate of Constabulary, 2014). Women from minority communities may face additional barriers to leaving such as concerns of destitution and potential deportation as a result of their immigration status (Burman and Chantler, 2005; Anitha, 2010), as well as cultural pressure to remain in a relationship despite abuse (Allen, 2012). The decision to leave an abusive relationship may therefore be influenced by socio-economic, cultural, familial and emotional considerations and not purely risk of harm. Furthermore victims may be concerned about the risks which engaging with the police may pose to them. In cases where victims have been dissatisfied with the response by the police they have cited concerns that officers showed a lack of empathy, were judgemental of their behaviour or had a tendency to believe the accounts of perpetrators over their own evidence (Her Majesty's Inspectorate of Constabulary, 2014).

Discussion

The concept of risk is often taken as a matter of common sense. However, as we have argued, the term can be interpreted in a myriad of ways. It is important therefore to understand risk thinking in relation to policy, agency practices and in relation to the way in which such risks are mediated by professionals on the ground. It has been argued by a number of authors that social work judgement has increasingly been influenced by actuarial measures which standardise risk assessment procedures (Webb, 2006; Kemshall, 2010). Whilst actuarialism has become more common within social work as a whole, actuarial risk tools have made a limited impact within learning disability services; primarily being adopted for those with a mental health problem or offending history. Decision making by social workers can therefore be seen to rest largely on clinical assessments of risk. By contrast, police decision making in relation to domestic abuse has been informed to a much greater degree by statistics designed to highlight those at the highest risk of future abuse. Police decision making is informed rather than purely driven by this data and we can therefore see a drive toward officers using informed professional judgement in their work with victims.

Debates around risk in social work have focussed on the degree to which practitioners should draw on empirical risk data. Webb (2006) in particular, has been critical of the adoption of risk tools on the basis that they fundamentally alter the character of social work interventions and limit the ability of professionals to draw on their moral values. It is our contention that social workers have a moral duty to be informed by evidence that may challenge their own pre-suppositions about particular

situations. Research suggests social workers are likely to underestimate the prevalence of domestic abuse amongst service users across all areas of practice (Heffernan et al, 2012). Taking account of evidence can therefore be seen to be a moral response, in that it acts to challenge our own biases or suppositions. Social workers and police should therefore adopt common screening processes in order to highlight groups of women who may be at high risk of abuse. However, it should be remembered that such tools simply act to highlight groups of people who may face future harm. Such evidence should therefore inform practice rather than lead to a prescriptive response. Workers also need to engage with victims in order to explore how abuse is experienced with a view towards assessing the severity and impact of abuse.

When thinking about how best to work with colleagues within the police, social workers need to be mindful of the way in which criminal justice policy frames abuse and responds to it. As we have argued, the police response to domestic abuse now aims to be proactive as well as reactive, with the promotion of safety plans for those deemed at risk of future abuse. The use of such plans assumes a 'rational actor' paradigm in which individuals are able to identify and reduce their own risk. This has parallels with the individualisation of care within adult health and social care policy which has put an increased emphasis on an individual responsibility in the management and reduction of risk. However, the current policy framework also requires social workers to conduct a complex balancing act between assessing risk and promoting choice. Much of the current literature argues that a greater emphasis should be placed on helping people with a learning disability to take positive risks. However, as Fyson and Kitson (2007) argue, such literature often neglects the

obvious point that those receiving services do so because they have higher levels of vulnerability and therefore require greater support to make such decisions.

Social workers need to act to promote service user autonomy in cases where risk is identified.   However, consideration should also be given to the ability of individual women to understand and respond to their own situations. Whilst research indicates that women with a learning disability do have the ability to recognise abuse in some circumstances (Hollomotz, 2012) others may experience greater problems in identifying coercive or manipulative behaviour from abusers. Social workers may need to work with the police to help women explore what abusive behaviour might look like. Where abuse is detected practitioners will need to consider whether a victim has capacity to consent to remain in the relationship. In cases where women with a learning disability have experienced domestic abuse the assessment of capacity may be complicated by the woman's experience of trauma. In assessing capacity social workers may need to consider how the emotional impact of abuse will affect a service user's ability to make a capacitated decision (as set out by section 2 of the Mental Capacity Act 2005 (Department of Health, 2005)). Where it appears that trauma may be affecting an individual's ability to make a decision social workers will need to make a judgement about the level of immediate risk faced by the individual. Where a decision can be safely postponed steps may be taken to re-assess capacity. In the event of immediate risk a best interests decision may need to be taken in the short-term with an assessment of capacity being revisited at a later date.

Furthermore attention should also be paid to issues of dependency. Whilst research into abuse experienced by women with a learning disability is at an early stage, research with disabled women suggests that the abuse incurred often involves exploitation of the women's disability such as withholding aids, support (Radford et al, 2006; Hague et al, 2011) and medication (Radford et al, 2006). Attention therefore needs to be paid to these factors in cases where women may be reluctant to disclose information or to receive support. Finally, there should also be recognition that individuals generally are not rational actors and may therefore choose not to follow professionally driven safety plans. Women experiencing domestic abuse may return to abusive relationships a number of times (Griffing et al, 2002; Abdulmohsen Alhalal et al, 2012) before leaving and therefore a response focussing only on the potential risks will neglect the emotional aspects behind decision making. Social workers therefore need to use these skills to enable women to explore the choices that they may make.

Conclusion

Current guidance supports the use of multi-disciplinary working for the identification and management of risk. Models of risk assessment practice within learning disabilities social work are at an early stage. Current safeguarding procedures are largely based on unstructured professional judgement and consequently may miss important factors indicating abuse suffered by women with learning disabilities. Social workers therefore need to take greater account of risk assessment and management tools which have been developed by domestic abuse and law enforcement agencies. However, social workers need to go beyond a reductive

identification of risk factors and need to maintain the ability to react sensitively to harm experienced by women with learning disabilities. There is a danger that in seeking to respond to potential harm social workers may adopt paternalistic approaches which reduce the ability of women to make capacitated decisions about their own lives. Consequently responses to domestic abuse need to be balanced against concerns for positive risk taking in line with current learning disability policy.

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