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Title: “All I wanted was a happy life”: the struggles of women with learning disabilities¹ to raise their children whilst also experiencing domestic violence.

Introduction

It has long been established that support and close relationships are closely linked to health and well-being at all stages of life (Feeney and Collins 2015). Support for mothers (from partners, family, friends, health professionals and peers) has been identified as important for the wellbeing of mother and child (Wilkins 2006). Yet mothers with learning disabilities are typically very isolated (Llewellyn and McConnell 2002).

It has been UK government *policy* for some time (DoH 2001) that parents with learning disabilities should be provided with the support they need to raise their children successfully. Nevertheless, in *practice*, parents with learning disabilities lose custody of their children in far higher proportions than other women. Collings and Llewellyn (2012:66) in a meta-analysis on the outcomes for children born to parents with learning disabilities demonstrated that “studies from several continents concur that approximately 40 – 60% of these children will be removed from their parents’ care.”

The reasons for this are many and complex, but there is no doubt that domestic violence against mothers is a strong contributory factor (Booth, Booth and McConnell 2005), as indeed it also is for many women in the general population (Douglas and Walsh 2010).

It is worth noting at the outset that perpetrators of domestic violence against women with learning disabilities often do not have learning disabilities themselves and this has been noted in the literature for decades. Mattinson (1970), Scally (1973) Craft and Craft (1979) all

¹ Learning disabilities is the commonly used term in the UK for people with an intellectual impairment. Internationally, terms such intellectual or developmental disabilities are also used.

noted the pattern of the men in marriages/cohabiting relationships being more intellectual able than their female partners. Whilst not all of these relationships were necessarily abusive, Gath (1998:742) noted that the particular combination of a “mentally retarded woman and a man with a history of violence and other anti-social behaviour seems to have a high risk of leading to disaster in the family”. More recently, it has been reported that where the male partners of mothers with learning disabilities have higher IQs than the women, this is in itself a risk factor for harm towards children (McGaw et al 2010).

The aim of this paper is to give some insights into the lives of women with learning disabilities as they experience the demands of trying to raise and protect their children, during or after the extreme stresses of domestic violence. Feminist researchers have a long history of enabling women who rarely have a public voice to tell their own stories (e.g. Roberts 1981, Maynard and Purvis, 1994) and part of this paper’s purpose is to honour that tradition and make the women’s experiences known to others. All those involved in the lives of women with learning disabilities on a personal or professional basis need to be aware of the effects of male violence and a lack of state support on the women’s abilities to protect themselves and their children.

Literature Review

Although there is a large body of general literature on parents with learning disabilities, there is no literature which focuses specifically on mothers with learning disabilities living through domestic violence. However, their experiences are occasionally reported in broader qualitative studies ie those which deal with domestic violence against women with learning disabilities (e.g. Walter-Brice et al 2012) and those which deal with mothers with learning disabilities who lose custody of the children (Baum and Burns 2007, Pacheco and McConnell

2017). In the Walter-Brice et al (2012) study of five women with learning disabilities in the UK who had experienced domestic violence, two were mothers who experienced a range of abusive acts, including physical, sexual and psychological abuse including harassment, threats (including threats to kill their children) and post relationship re-victimisation. The mothers felt unsupported when they asked for help with their children and internalised the lack of appropriate response as their fault. Two women asked for help to leave the abusive relationship but were denied it.

In the Baum and Burns (2007) study of eight women with learning disabilities in the UK who had lost custody of their children, four had experienced domestic violence prior to the children being removed and feelings of powerlessness, anger and sadness at the lack of support from male partners was common. All reported that they had received inadequate support from both services and their families before and after their children were removed.

In the Pacheco and McConnell (2017) study of eight mothers with learning disabilities in Canada, all had experienced some form of physical, psychological, sexual or financial abuse and half of the sample had lost one or all of their children to the care system. Some women reported not only a lack of support from family and statutory services, but also positive encouragement from both sources for them to remain with their violent partners.

In terms of contextualising the experiences of mothers with learning disabilities who experience domestic violence, there is another body of literature which is relevant to this research: that of non-disabled mothers who experience domestic violence. Domestic violence researchers have described how domestic violence is often “either downgraded as problem or transformed into the more general problem of ‘parenting’” (Radford and Hester 2015). (Lapierre 2010) demonstrated that despite striving to protect their children from

direct assaults and from witnessing domestic violence, mothers who experience abuse typically find that child protection agencies imply that they are negligent and inadequate parents for not stopping the domestic violence. Research evidence also suggests that child protection workers seemingly hold non-violent mothers responsible for ending the violence, even though it is clearly not within their power to do so (Douglas and Walsh 2010).

According to Hester (2010) this is a pattern found in most developed countries throughout the Western world and those who perpetrate the violence, ie the children's actual fathers or father figures, are not held to account in the same way (Humphreys 2010).

An extension of these gendered judgements is found in the practice of then removing the children from their mothers (because she is failing to protect them) and placing them either in the care of the fathers (the perpetrator of the violence against the mother) or with a close relative of the fathers ((Douglas and Walsh 2010). As counter-intuitive as this sounds, it is a relatively common practice and indeed happened to half of the women in this study (and to a quarter mothers with learning disabilities in the Baum and Burns study (2007)). It is worth noting that one of the main reasons why the paternal relatives may be chosen over maternal relatives as alternative carers for the children is that domestic violence perpetrators often systematically isolate women from their own family and friends and/or intimidate friends and relatives into withdrawing contact and support (Gregory 2017) as part of their coercive controlling behaviour. This isolation from their own natural support networks means that women are unable to identify substitute carers from their own wider family networks, particularly as timescales and deadlines in legal proceedings are often very tight (Family Rights Group 2017). Although most research and practice focuses on the impact on children of being exposed to physical violence in the home, Katz (2015) has

usefully highlighted the many negative effects on children from living in a family where fathers or father figures use coercive control against their mothers.

Method:

Participants

Participants were six mothers with mild learning disabilities who had experienced domestic violence from male partners (five of whom did not themselves have learning disabilities). The women all lived independently in London and the South East and were a sub-set of a larger purposive sample of fifteen women with learning disabilities who took part in a qualitative study on their experiences of domestic violence with the author (McCarthy et al 2015). None of the women were in paid employment, or ever had been. One had some experience of voluntary work. The six mothers had had thirteen children between them. Ten of the children had been removed, whilst, or shortly after, their mothers had experienced domestic violence.

[Insert Table 1 here]

No formal assessments of learning disability were conducted, but all participants were recruited via professional contacts in a variety of learning disability services in London and South East England.

Data collection

As is typical in qualitative studies using the IPA method (see below), the sample size of the participants was small, but the amount of data collected was considerable. Interviews were very lengthy, typically lasting two hours or more and transcripts were, on average, 75 pages long. All the women in the study were asked about their understanding and experience of

domestic violence; the impact on themselves and their children; their coping strategies; whether and how they sought help to leave the relationship and life after the abusive relationship.

All women were able to give informed consent to participate and were given accessible information, time and support to come to a decision. Women were either interviewed in their own homes or at another venue of their choice, by a female researcher. Some chose to have a supporter present during the interview, though most chose to be interviewed alone. The nature of the topic meant that the interviews were often distressing for the women, but none of them wanted to stop, or shorten, the interviews. Many of the women commented on the fact that it was the first time they had been able to speak at length about what had happened to them, that they found the interviews helpful, they wanted to talk and wanted people to hear their accounts (Abrahams 2017).

Ethical approval for the study was given by the Social Care Research Ethics Committee (SCREC) (Ref. 12/IEC08/0028). It received Research Governance approvals from all the participating Local and Health Authorities and unconditional approval from the Association of Directors of Adult Social Services (ADASS) (Ref. RG12-016).

Data analysis

All interviews were recorded and transcribed. The principles and practices of Interpretative Phenomenological Analysis (IPA) were used to guide the data analysis. The rationale for using this approach is that IPA is well suited to a small sample size, as it allows for in-depth exploration of interview data and is deemed particularly suitable for under-researched topics of inquiry (Padgett 2008). This aim of IPA “is to explore in detail how participants are making sense of their personal and social world” (Smith and Osborn 2005:54). The analysis

seeks to offer a detailed understanding of both the themes which have emerged across interviews and individuals' own accounts and in this way build up a picture of the general as well as the particular experience of individuals. Analysing data, using an IPA approach, involves not only 'giving voice' to participants' experiences, important though that is, but also engaging in a "more overtly interpretative analysis, which positions the initial 'description' in relation to a wider social, cultural and perhaps even theoretical context" (Larkin et al 2006:104).

Data were read and re-read several times, then codes were identified from the data content, using inductive techniques rather than pre-determined categories. Emerging codes were then clustered into sub-themes, and finally into overarching themes. Themes were identified and given prominence not only because they recurred consistently across participants, but also because of persuasiveness and extensiveness ie the strength of feeling and meaning participants conveyed when giving their accounts.

Findings

The women's experiences of motherhood

Four main themes emerged from the data. These were becoming a mother (violent conceptions and violent pregnancies), mothering whilst living with domestic violence (perpetrators sabotaging mother-child bond and sabotaging child contact arrangements), the broad spectrum of abuse (social isolation, financial abuse, consequences of the men's criminal histories) and losing the children (feelings and support)

Becoming a mother

Violent conceptions

For at least one woman in this study, domestic violence was there at the very start of her journey towards motherhood. She said very clearly *“my eldest daughter was made through rape...so it’s really hard to bond with her...it reminds me every day, cos she looks like him”*.

Whilst the other women did not directly report this, four of the remaining five did say they were regularly raped by their violent partners, so it is entirely possible that other conceptions also occurred this way.

Violent pregnancies

Domestic violence often starts or escalates during pregnancy and there is a considerable literature on this in relation to the general population spanning the past three decades (e.g. Mezey and Bewley 1997, Salmon et al 2015). In this study, all 6 women who had been pregnant whilst with a violent partner had experienced physical assault during their pregnancy. For one woman, this was, to her mind, relatively mild (*“maybe just a slap”*), but others reported being hit, punched and kicked directly in the stomach area. Two women reported miscarriages after physical violence. One woman was strangled several times whilst pregnant and one had a partner try to prevent any weight gain during pregnancy (*“He said I should stop eating, cos I wasn’t the skinny person I used to be and he wanted me back to a size 10”*). In one case, the perpetrator took a knife to his pregnant partner and *“He threatened to do a C section on me there and then”*.

Not surprisingly, as a result of such experiences, none of the women spoke of enjoying their pregnancies, though some had actively wanted a child and were happy to be pregnant.

Mothering through domestic violence

If we accept that domestic violence is a traumatizing experience with a host of negative consequences, then it is not hard to see how difficult it must be for women with learning disabilities to become, and remain, good mothers to their children whilst this is happening to them.

Sabotaging the mother-child bond

It is noted in the literature (Stark 2009,2012) that domestic violence perpetrators may actively seek to sabotage the mother-child bond as part of their violent and controlling strategies eg they will manipulate situations and undermine the woman's authority over her children and attack the mother in front of children. With regards to non-disabled women, Lapierre (2010) describes how an abused woman will frequently have to put the man's needs first, even though this goes against her instincts as a mother, for fear that violence against her and/or the children will occur. This was also described by the women in this study:

"I just had to leave the baby to cry, so I could sort him out first...if I didn't, I'd get a clap round the head"

"All I wanted was a happy life... I wanted to do different things, take my son out on days out...he made me stop them...Everything was always about him".

Another form of sabotage the women experienced from their partners were attempts to make the parenting experience harder for the women than it needed to have been. This included absolute refusals by the men to engage in any child care themselves and on occasions preventing anyone else from helping the women. This was either through general social isolation (see below) or specifically by being obstructive if help was offered: *"There is*

this lady who I've known for 13 years, since my mum died, she's very, very special to me...she used to help with my kids...especially since my youngest was born...but he called her a thief and she wouldn't come anymore".

Most women in this study described how they found mothering particularly stressful, not only because of the violence they were experiencing and the adverse impact that had on their mental and physical health, but also because their children had needs over and above what might be considered 'ordinary' needs ie the children had sleep, behavioural and emotional/psychological problems. Whilst children can develop these conditions for a number of reasons, exposure to domestic violence is certainly a contributory factor in a whole range of negative outcomes for children (Evans et al 2008). One woman in this study was honest in admitting in that she found the behavioural problems of her children very difficult to manage and thought this was a contributory factor in having them taken away from her *"I couldn't discipline my children...I just wasn't able to discipline them and I lost them mainly due to that"*.

The mothers in this study found it particularly hard when they were humiliated in front of their children and/or the perpetrator would deliberately humiliate the children themselves. Examples included a man spitting in the woman's food, making fun of a child with bowel problems for making a bad smell in the toilet, telling the children that they were 'thick' like their mothers.

Several of the women said their partners frequently threatened to kill them and/or the children, and made these threats in front of the children. As Stark (2012: 23) has pointed out, threats to kill are extremely common in domestic violence, but "although credible threats are criminal offenses, few are reported to police and almost none result in arrest".

Another way the perpetrators damaged the mother-child bond was to hurt family pets. The link between domestic violence and animal abuse is well established in the mainstream domestic violence literature (DeGue and DiLillo 2009). Perpetrators know that by threatening or harming a family pet, they can cause distress to partners and particularly to the children, which in turn compounds the distress to the mothers (Stark 2012). This was something that four of the six women in this study experienced:

“We had two cats and he kicked them...yeah, he kicked them into the air and one of them died from him doing that.”

Women described how they tried to shield the children from witnessing abuse whenever they could. Nevertheless extreme, and sexual, violence did sometimes occur in front of the children: *“He raped me in front of my daughters”* (aged 7 and 4). Sometimes, and this was particularly the case for the two Bangladeshi women who lived either with, or in close proximity to, extended family, relatives would step in and remove children from the scenes of violence.

Sabotaging child contact

Women whose children had been taken into care, sometimes found that their partners would try to sabotage what little contact the women had with them: *“He wouldn’t even let me see my children ...when I had contact visits with K he kept cancelling it and telling me ‘you don’t want to see him’.* One woman felt that her partner was trying to erase the very memory of her children *“He said to get rid of their photos, when I’d lost them for a year...but I’m not going to wipe my kids out, that’s no go.”*

Another woman described how her partner would prevent telephone contact with her child who had been taken into care *“He took my phone off me...I was screaming and shouting to get it back, cos if I didn’t have my phone, I couldn’t contact my son. He threw it against the wall and it all came apart. I was very, very upset, because in the court proceedings it was set out that I had phone contact on Tuesdays and Thursdays.”* Not sticking to contact agreements could have serious ramifications for the woman’s chances of keeping some kind of long-term relationship with her child, especially if, as is quite likely to be the case, child protection social workers are unaware that domestic violence may be preventing the mother from sticking to contact arrangements.

Broad spectrum of abuse

I am referring in this section to the overall background context in which the women lived their lives.

Social isolation

Women with learning disabilities who have experienced domestic violence are often described as socially isolated (Walter Brice et al 2012, McCarthy et al 2015), so much so that it is almost taken for granted. But the state of social isolation does not arise out of nowhere. For these women it was deliberately engineered by the domestic violence perpetrator, in order to increase his control over her and such perpetrator behaviour has long been recognised (Stark 2012). The women in this study experienced their partners employing a range of tactics to isolate them from significant others, such as friends, family, neighbours and support workers:

"He was nasty to them...I'd lost all my friendships with some of the neighbours...he made it so that I didn't have anyone to talk to and things like that"

"I wasn't allowed to see my family, even when I was pregnant and that really hurt."

In such circumstances, the women have no one they can turn to, rely on or confide in and this obviously has a negative impact on their psychological health (Williamson 2010).

Financial abuse

Financial abuse was another strong feature of the women's lives with the men taking the women's regular income as well as any savings they may have had. Typically the men would spend this money on themselves, often for alcohol and drugs. This meant that women and children, who were already living in poverty, became even more impoverished: *"He took all my money...I had to keep lending off people to get nappies, food."*

Perpetrators' unreasonable behaviour

However, it was not only financial abuse which jeopardised the women and children's security, but the men's associated unreasonable behaviour too. A common pattern in this research project (see McCarthy et al 2015 and McCarthy 2017) was that the man moved into the woman's home and lived there rent-free. Through their unreasonable behaviour, the abusive men in this study would jeopardise the women's tenancies. One woman described how her tenancy was put at risk by her partner continually playing extremely loud music: *"I actually had complaints through the council and everything, I was worried I would get evicted"*. Another was concerned that she would lose her tenancy because her partner was bringing cannabis into the home and pressurising her to let him grow some on the premises. Within the research on disability hate crime and 'mate crime', this phenomenon

of abusers taking over and abusing the homes of the disabled people is referred to as 'cuckooing' (Gravell 2012) and the parallels between this crime and domestic violence involving women with learning disabilities are strong (McCarthy 2017).

Perpetrators' criminal histories

Some of the men had criminal records and these also proved to be a barrier to the women getting what they wanted from life. This could be something like a good 'name' or reputation in the local community ("*he was a thief and people don't like thieves, so they didn't want anything to do with us*") or it could have much more serious consequences. One woman was trying to get her son returned to her care and had met a new partner. She took him to court with her and presented him as her new partner, thinking this would help her case. She hadn't known about his criminal background and was shocked when his police record was brought up in court and she learned he had a conviction for arson.

Losing the children

The final main theme to arise from the women's interviews concerned what happened leading up to and especially after the children were removed from their mother's care. Two sub-themes were pertinent here, one relating to the women's feelings and the other regarding the support they did or did not receive.

Feelings

As might be expected, the feelings the women experienced were many, varied and entirely negative. All were normal reactions associated with loss and grief: deep and enduring sadness, anxiety, anger and bewilderment. Echoing the reported experiences of other women, with and without learning disabilities (Gould and Dodd 2012, Mayes and Llewellyn

2012) their sense of self, their self-esteem, their very identities as women and as mothers were all negatively impacted:

“Now my son’s not with me, I look down at myself all the time....I can’t live without him everyday”

“I felt hatred towards myself”

The women felt a deep sense of injustice and many simply did not understand the processes which had led to their child’s removal (Mayes and Llewellyn 2009). For two women, the sense of injustice and confusion about what was happening, led to violent resistance, e.g.:

“When they took J from me, the police was here, telling me to calm down ...I punched the copper in the face and he arrested me”.

However, more commonly, it led to a deterioration in the women’s emotional and mental health and thus to an increase in self-harming and suicidal thoughts:

“I was very, very low, I was on anti-depressants”

“I took an overdose.”

Support – whilst children were still at home

A common theme running through the literature on parents with learning disabilities is that despite many improvements over the years, there is still a lack of support available to them (Emerson et al 2015). The mothers in this study (like those in Walter Brice et al 2012 and in Gould and Dodd 2012) were confused and upset that, although they themselves acknowledged that they needed help and indeed, had asked for help, it was not forthcoming:

“When we ask for help, no one’s there to help us. They seem to take your children away instead of helping you [sobs]”

“I did need some help with my kids. If they could show us how to do things, we’d do it right...”

Support - after their children had been removed

The lack of support for mothers with learning disabilities in this position is also a common theme throughout the literature. Evidence suggests that women with learning disabilities are left alone to pick up the pieces of their lives once their children have been removed (Baum and Burns 2007). They grieve alone and unsupported, often feeling shame and confusion about what has happened (Mayes and Llewellyn 2009). Sometimes they did actively seek help, but found there was none:

“After my son went, I phoned up Social Services. They didn’t help me at all”

“I wasn’t getting no help or anything during my court proceedings...I took an overdose”.

In the Gould and Dodd (2012:33) study, a mother with learning disabilities, referring to Social Services, is quoted as saying “...all they wanted is the child. They got the child, they don’t care about the parent”. Similar feelings were expressed by some of the women in this study. This feeling of being ‘cut off’ from services once their children had been removed is reported elsewhere in the literature (Tarleton et al 2006).

Sometimes the women were offered help, but found it was inadequate, or that their disability and distress meant they could not take advantage of it:

“I was supposed to get counselling from the doctor, but I’ve lost the number...I seem to lose receipts and numbers very quickly.”

“If you get counselling they are only six sessions, that’s for a normal person as well as a disability person. And that’s not enough for a disability person.”

Discussion

Sharing information/educating women with learning disabilities

As stated in the introduction, it is clear that academics and professionals have known for many decades that the combination of a woman with learning disabilities (who is already likely to lack social support and live in poverty) and a man without learning disabilities (but who may have mental health problems, a history of anti-social behaviour, drug and alcohol mis-use) is an inherently risky combination. It therefore seems reasonable that this long held professional knowledge should be shared with women with learning disabilities themselves. This could be done both in general terms for young women as they are growing up and specifically alerting individual women with learning disabilities to the likely outcomes, when it is known that they are forming relationships with such men.

Helping women with learning disabilities experiencing domestic violence

Supporting women with learning disabilities who experience domestic violence to be able to protect their children means acknowledging that the women may need help, care and support in their own right. The assumption that they cannot effectively protect their children and that the children must therefore be removed is an insidious one, which may keep women and children in harm’s way. Wilcox (2000) has described this in relation to non-disabled women, who fear that acknowledging their own needs means risking being seen as unable to care adequately for their children.

In cases of domestic violence in relationships where children are present, it is naïve and potentially dangerous to the women and children to imply, as some professionals may do, (and in fact *did* to some women in this study) that the adults can and should sort things out themselves. One woman in this study said “*All they kept on saying is that ‘you want to try and make it up with your husband. We want you to try and work it out with H’. I said ‘I’m not going back with him, not with a person who beats me black and blue’*”. Expecting an abused woman to manage the behaviour of the man who is abusing her has been described as an “age-old practice” (Featherstone and Peckover 2007:182). The belief that two adults in a relationship can work things out between them disregards the gender power imbalances which are frequently found in violent relationships (Radford 2012).

Expecting women with learning disabilities to be consistently able to protect themselves and their children, without active intervention and support from others, is unreasonable, unrealistic and dangerous.

Recommendations

Identifying domestic violence

Early identification of domestic violence in relationships involving women with learning disabilities (whether they have children or not) is key to resolving some of the seemingly intractable problems faced by participants in this study and others. Health and social care professionals are often reluctant to proactively ask women about domestic violence, fearing opening a ‘can of worms’ and lacking confidence in how they should respond (Bradbury-Jones et al 2014). Nevertheless, in the UK, National Institute of Health and Care Excellence (NICE) has issued guidelines (2014), which state that “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” and thus such training should be routinely happening.

In relation to mothers with learning disabilities, it is clear that midwives have a key role and thus need to be trained to work sensitively with women with learning disabilities and where appropriate to identify domestic violence at an early stage of pregnancy. Recent research in the UK by Castell and Stenfort Kroese (2016) indicates that midwives, though willing to work with women with learning disabilities, felt that they lacked training, support, time and appropriate resources to do so.

Those working with families where mothers with learning disabilities are struggling to manage the physical, emotional and behavioural problems of their children, should always be mindful that whilst these problems may be the result of inadequate parenting skills, they are also well documented secondary effects of domestic violence on children. Therefore any observations of such problems in the children of women with learning disabilities should alert workers to consider the possibility of domestic violence in the home and offer support accordingly.

Peer support

Adults with learning disabilities often experience economic and social marginalisation. This does not disappear when they have children, rather the effects of such marginalisation are often compounded (McGaw et al 2010). Understanding the lack of social capital and social worth parents with learning disabilities often have is key to understanding both their oppression and ways to overcome it. Gustavsson and Starke (2017) make a strong case for peer support groups for parents with learning disabilities, arguing that this achieves empowerment through social contact and meeting others as equals. Likewise, Tarleton et al

(2006:49) report that such groups are considered “a cost-effective method of supporting parents with learning difficulties, which improved their social networks, self-esteem and ability to challenge discriminatory views of themselves.”

Support groups for mothers who have been separated from their children are extremely valuable resources (for example, the Mothers Apart group in Huddersfield, UK²). Likewise, support groups for women with learning disabilities who have been abused have long been recognised as helpful to their recovery (Millard 1994). Therefore, it seems reasonable to conclude that support groups particularly for mothers with learning disabilities who have experienced domestic violence would be welcomed by many.

Advocacy and accessible information

Advocates, who may be paid or acting in a voluntary capacity, are often extremely important to parents with learning disabilities, helping them navigate the complexities of statutory services and legal proceedings (Working Together with Parents Network 2016). Advocacy support can be particularly important because it is not imposed on people, can help empower them to speak up for themselves and is independent of professionals or services who may be making judgements about the individual’s capabilities.

Accessible information, which uses easy read text, pictures or video is vital in educating women with learning disabilities both about their rights and responsibilities as parents and about how they might get help to escape from domestic violence.³

Limitations

² For information and evaluation of the Mothers Apart service see <http://womencentre.org.uk/wp-content/uploads/2013/09/mothers-apart-final-evaluation-report.pdf>

³ Examples of accessible information are available from <http://www.changepeople.org/> or the author.

As with all studies, there were a number of limitations to this one, which should be borne in mind. For example, the sample was relatively small and participants were all volunteers, which may have resulted in unknown biases.

Another limitation is that all the women in this study were no longer in violent relationships (ethical approval was not given to include such women). This means they were relying on memory, albeit recalling events less than five years previously. Including women who were still actively mothering through domestic violence may have yielded different results.

Finally, the participants in this study were all women who were able to reflect on, and enter into lengthy discussions about, their experiences. Thus, the experiences of those at the more severe end of the learning disability spectrum are not included.

Conclusion

This paper has sought to contribute new insights into the reality of the lives of some of the most vulnerable mothers in society. Hopefully, by having a better understanding of the difficulties and disadvantages faced by mothers with learning disabilities who experience domestic violence, more positive and proactive support can be offered to them. It has long been recognised that the intersecting factors of poverty, race, gender, sexual orientation, mental health status, mean some parents are much more disadvantaged and discriminated against in their dealings with agents and institutions of the state than other parents (Douglas and Walsh 2010). It is time learning disabilities gained a permanent place on that list and the unmet needs of women with learning disabilities and their children were acknowledged, before, during and after they experience domestic violence.

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Conflict of interest:

The author declares that there is no conflict of interest.

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Table 1

| Participants | Age | Ethnicity | No. and ages of children | Status of children |
|--------------|-----|------------------|--------------------------------|---|
| Woman 1 | 36 | White British | 1 (10 years old) | Removed from mother's care |
| Woman 2 | 33 | Bangladeshi | 2 (8 and 12 years old) | Removed from mother's care |
| Woman 3 | 39 | White British | 5 (ranged from 9-18 years old) | Removed from mother's care |
| Woman 4 | 23 | Bangladeshi | 1 (3 years old) | Removed from mother's care |
| Woman 5 | 23 | White British | 2 (15 months and 7 years old) | Still with mother |
| Woman 6 | 41 | White British | 2 (2 and 10 years old) | 1 removed from mother, 1 still with mother (who was now in a new, non-violent relationship) |