

# Exploring the similarities and differences amongst service users with and without learning disabilities attending Saint Marys Sexual Assault Referral Centre

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## Abstract

**Background:** People with learning disabilities are over-represented amongst Sexual Assault Referral Centre service users. This work aims to explore the similarities and differences between service users with and without learning disabilities.

**Method:** Medical notes of 52 service users likely to have a learning disability were compared with 52 service users not likely to have a learning disability (according to the Learning Disability Screening Questionnaire); all of whom attended Saint Marys SARC for a forensic medical examination during a 12-month period.

**Results:** Significant associations were found between the likelihood of learning disability and relationship to perpetrator; location of assault; alcohol use; time taken to present to SARC; domestic violence; self-harm; suicide attempts and mental health service involvement.

**Conclusions:** People with learning disabilities in the sexually assaulted population are more likely to present with intersecting vulnerabilities emphasising the need for timely, accessible and appropriate patient-centred care for this group.

## KEYWORDS

intellectual disability, learning disability, mental health, SARC, sexual assault, sexual violence

## 1 | BACKGROUND

The health inequalities and challenges in accessing general healthcare for people with learning disability are well documented in the literature (Alborz et al., 2005). These health inequalities extend to the domain of sexual violence for people with learning disabilities. In response to a dearth of reliable sexual assault prevalence data in the United Kingdom for people with learning disabilities, Majeed-Ariss et al. (2020) employed the validated Learning Disability Screening Questionnaire (McKenzie & Paxton, 2006) to identify the prevalence of learning disabilities amongst adults attending a UK SARC. It was

identified that 8% of adults attending the service for an acute FME were likely to have a learning disability (Majeed-Ariss et al., 2020). Since according to Mencap (2018) 2% of the general UK population has a learning disability, Majeed-Ariss et al. (2020) evidenced people with learning disability to be considerably overrepresented in the sexually assaulted population.

It is important to acknowledge at this junction, that this prevalence figure only reflects acutely reported sexual assaults of service users that attended the SARC for an FME. As with any sexual assault prevalence data, there is a gulf between the number of actual assaults and the number of reported assaults; and this assertion is supported

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by findings from the Crime Survey England (Flatley, 2017). Arguably, this gulf is more pronounced amongst people with learning disabilities due to the additional barriers they face in reporting sexual violence.

Willott et al. (2020) note that despite it being recognised over three decades ago, people with learning disabilities remain more likely to be sexually assaulted and the assault is less likely to be reported. A review undertaken by Sin et al. (2010) also found that under-reporting as well as the lack of an appropriate response from criminal justice agencies meant people with learning disabilities face additional challenges in police investigations and the criminal justice system thus compromising their access to justice.

People with learning disabilities are 67% less likely to have their cases referred to the police for prosecution (Brooker & Durmaz, 2015). In instances when people with learning disabilities are able to report to the police, they can face multiple barriers which can compound distress. These barriers include special measures for vulnerable victims not being initiated by the police and a lack of multi-agency working leading to inappropriate support being identified for the victim (Gillard & Wallace, 2003; Sequeira, 2006).

While it is impossible to know the true scale and nature of this issue, Majeed-Ariss et al. (2020) have for the first time been able to report with certainty on the reported rates of sexual violence by people with learning disabilities. This study also reported on the risk profile of service users with a learning disability, who were significantly more likely to self-report mental health complaints and/or indicators of mental health. These findings are of additional concern when considered in context of the finding that people with learning disabilities attending this SARC are also more likely to report repeat victimisation (Lovell et al., 2021).

Other, recent research from Saint Mary's SARC (Manning et al., 2019) found 69% of all adult service users attending for a FME, reported pre-existing mental health complaints. All sexual violence victims are reportedly also vulnerable to future mental health complaints or an exacerbation of pre-existing mental health complaints (Brooker & Durmaz, 2015). This suggests a bidirectional relationship between sexual violence and mental health.

For many years, the higher prevalence rates of mental health complaints in people with learning disabilities in general compared to people without learning disabilities has been well reported (Borthwick-Duffy, 1994; Moss, 1995). It stands to reason therefore that mental health complaints are compounded in victims of sexual violence with a learning disability. Arguably, the psycho-pathological effects of trauma are worse for people with learning disabilities than those without (Sequeira & Hollins, 2003) because trauma can further impair cognitive functioning (De Bellis & Zisk, 2014).

In a review undertaken by Hollins and Sinason (2000) at the turn of the century, they reported psychological therapies as being rarely used in people with learning disabilities who had experienced trauma and a paucity of research in the area with learning disability itself being provided an exclusion criterion. In their paper, they suggest therapeutic opportunities exist for this population and practitioners need to be encouraged to utilise them and to report measurable outcomes.

Sequeira et al. (2003) undertook the first controlled study to examine the association between sexual abuse and mental health complaints in people with learning disabilities. They tested the hypothesis that adults with learning disabilities who have experienced sexual abuse will exhibit higher levels of behavioural and mental difficulties than a matched comparison group of adults with learning disabilities who are not known to have experienced sexual abuse. Of the 54 cases of known abuse, 61% reported receiving no formal psychological therapy. Self-harm and mental health complaints including anxiety, depression and post-traumatic stress disorder were higher in the abused group. Mental health symptoms were also significantly higher for those who reported repeat victimisation when compared with those that reported a single incident.

Much of the research in this domain highlights the vulnerability of survivors of sexual abuse to mental health complaints (Peckham, 2007). The review undertaken by Sin et al. (2010) however, emphasised that people with learning disabilities and/or mental health conditions were at higher risk, and experienced greater levels of violence than people without disabilities due to situational vulnerabilities not simply the inherent characteristics of those with learning disabilities. Similarly, Hollomotz (2009) argues that the label 'vulnerability' entails elements of an individual model approach to disability and can lead to the assumption that the main risk factor to sexual violence is located within the individual experiencing it. Rather, Hollomotz presents an ecological model approach to conceptualising risk of sexual violence against people with learning difficulties, which takes account of the complex social processes involved in the creation of risk of sexual violence including personal attributes, environments and socio-cultural factors; all of which are closely interlinked and constantly interact with one another.

A high prevalence of service users with learning disabilities reporting sexual assault in the Manchester SARC context (Majeed-Ariss et al., 2020) has been previously determined. This study aims to provide a risk profile for service users with learning disabilities by exploring the similarities and differences amongst service users with and without learning disabilities. It is anticipated these findings will inform more targeted interventions for this group.

## 2 | METHODS

This is an unfunded study, for which ethical approval was obtained from the Greater Manchester West Health Research Authority National Research Ethics Service (Reference 16/NW/0742).

Service users aged 18 years or more attending Saint Mary's SARC in the context of an acute sexual assault during the 12-month study period (1 June 2017 to 31 May 2018) were eligible participants. The validated Learning Disability Screening Questionnaire (LDSQ) (McKenzie & Paxton, 2006) was offered to all adult service users that were English speaking and did not have dementia. As prescribed by the authors of the questionnaire, a threshold score of 43% was used to determine whether an individual was likely to have a learning disability. Service users were assigned to one of two groups either 'likely to have learning disability' or 'not likely to have learning disability'.

In the study period, 749 adult service users attended Saint Mary's SARC for an FME, of these 679 service users completed an LDSQ, of these 56 service users scored 43% or below suggesting they were likely to have a learning disability. The medical notes of four of these cases were unavailable to the research team at the time of this study. The overall prevalence of likelihood of learning disability amongst SARC adult service users was identified to be 8.2% (Majeed-Ariss et al., 2020).

In this paper, 52 of the adult service users likely to have a learning disability are compared with a matched sized random sample of 52 adult service users not likely to have a learning disability. For ease, for the remainder of this paper these two groups will be referred to as those with learning disability and those without learning disability. Service users in both groups reported an acute sexual assault and attended Saint Mary's SARC for an FME over the same study period. Demographic and contextual information about the service users and the assault is routinely collected data by Saint Mary's SARC staff, largely based on self-reported data, which is then recorded in the service user's medical notes. Thus, comparisons of both groups allowed us to ascertain if there were any similarities or differences in the profiles of service users, their alleged perpetrators, and the reported context of the assault.

For data entry and storage, a Microsoft Excel spreadsheet was created, and Jamovi (<https://www.jamovi.org>) was used to conduct

the analyses. Cross-tabulation analysis with observed counts were explored in relation to the contextual information present in service users' medical notes. In particular, we examined the following areas via chi-square analyses: (i) type and context of assault, including alleged perpetrator characteristics, form of initial contact, location of alleged assault, and alcohol and drug use, (ii) SARC service engagement, (iii) experience of domestic violence, and (iv) mental health experiences, including self-harm, suicide attempts, use of psychiatric medication and mental health service involvement.

### 3 | RESULTS

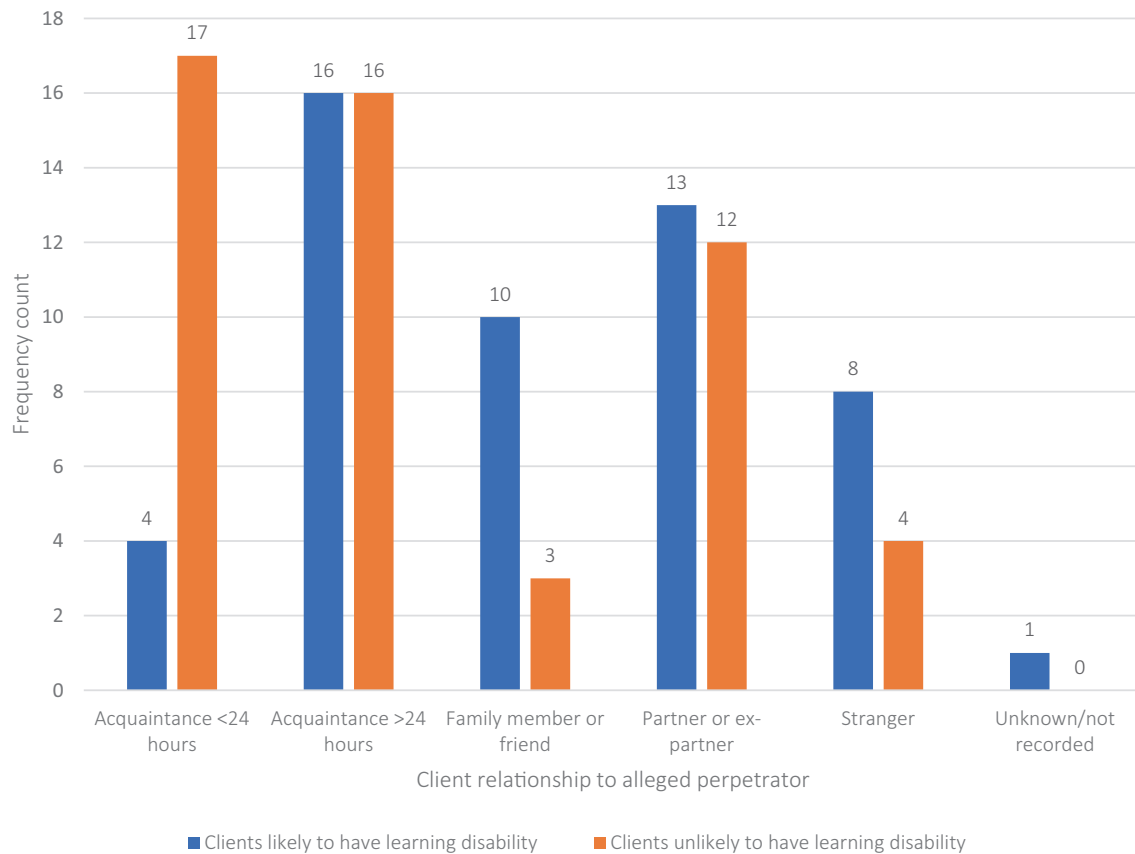
We first explored the demographic characteristics of the service users included in this study, as displayed in Table 1. The majority of service users (regardless of learning disability) were single, white British, aged 18 to 25 years and reported being unemployed.

#### 3.1 | Type and context of assault

Various factors relating to the alleged assault were explored across both our service user groups. This included (i) the type of alleged assault, (ii) alleged perpetrator characteristics (iii) the form of initial

**TABLE 1** Demographic profile of clients attending Saint Mary's SARC, according to likelihood of having and not having a learning disability.

Demographic characteristic		Client group			
		Clients likely to have a learning disability (N = 52)		Clients unlikely to have a learning disability (N = 52)	
		N	% within group	N	% within group
Age (group)	18–25	21	40.5	27	51.9
	26–35	15	28.8	18	34.6
	36–45	12	23.1	4	7.7
	46–55	2	3.8	3	5.8
	55+	2	3.8	0	0.0
Gender	Female	49	94.2	52	100
	Male	3	5.8	0	0.0
Ethnicity	White British	45	86.5	39	75.0
	Other	7	13.5	13	25.0
Employment status	Full-time or part-time employed	5	9.8	25	48.1
	Unemployed or unable to work	36	70.6	21	40.4
	Full-time education	5	9.8	6	11.5
	Other or unknown	5	9.8	0	0.0
Marital status	Married/civil partnership	2	4.0	5	9.7
	Single	45	90.0	43	82.7
	Separated, divorced or widowed	3	6.0	4	7.6
Self-reported physical disability	Yes	14	26.9	4	7.7
	No	38	73.1	48	92.3
	Unknown	5	5.66	3	4.83



**FIGURE 1** Relationship to perpetrator as reported by clients with and without the likelihood of a learning disability.

contact with the perpetrator (iv) the location of the alleged assault and (v) whether alcohol or drug use was a part of the alleged assault.

### 3.2 | Type of alleged assault and alleged perpetrator characteristics

The type of assault reported by service users in both groups was largely consistent, with 90.4% of service users with a learning disability ( $N = 47$ ) and 96.2% of service users without a learning disability ( $N = 50$ ) reporting penetrative assault. Non-penetrative assault was reported by one service user with a learning disability (1.9% of group) and by zero service users without a learning disability. In five service users with a learning disability (9.6% of group), the type of assault was unknown. There was no significant association between service user group and the nature of assault that was reported,  $X^2(3, N = 104) = 3.89, p = .273$ .

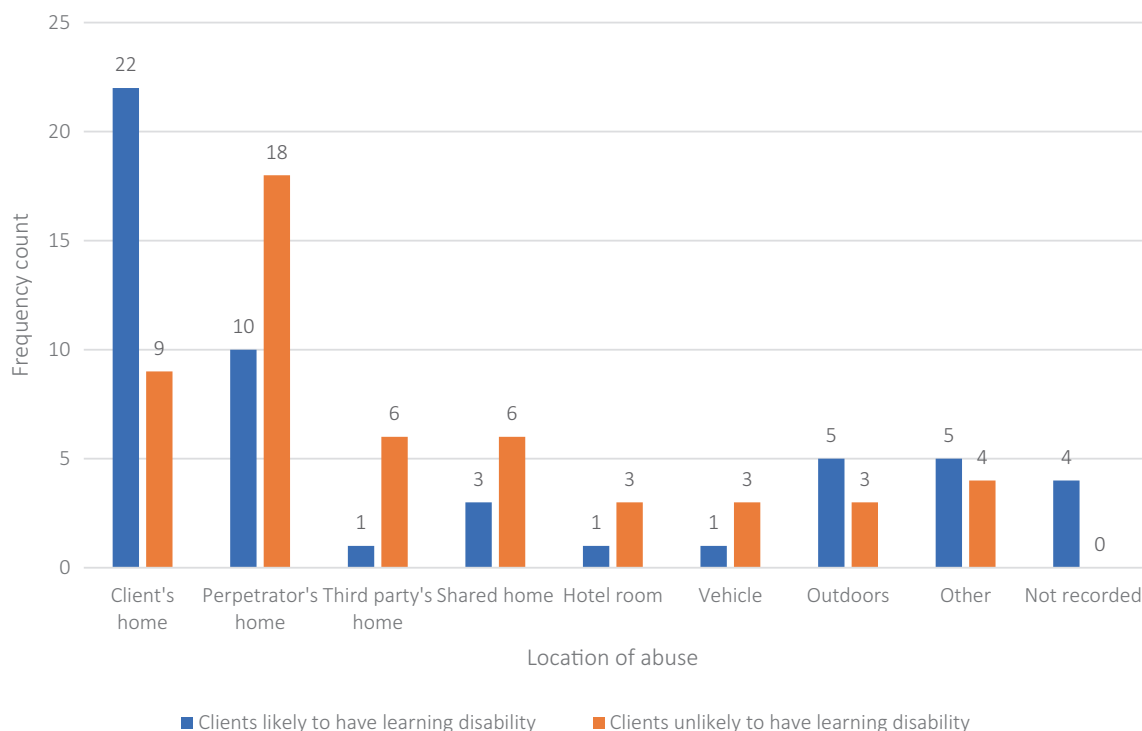
Males were commonly reported as perpetrators in both service user groups. More specifically, in 92.4% of service users ( $N = 48$ ) with a learning disability and 98.1% of service users ( $N = 51$ ) without a learning disability. Females were reported as perpetrators by 3.8% of service users with a learning disability ( $N = 2$ ), and by one service user (1.9%) without a learning disability. The gender of the alleged perpetrator was unknown or not recorded for two service users (3.8%) with a learning disability, and in zero cases of service

users without a learning disability. There was no significant association revealed between gender of the perpetrator and service user group,  $X^2(3, N = 104) = 2.42, p = .489$ .

The service users' relationship to the alleged perpetrator (see Figure 1) was reported as acquaintance of more than 24 h in both service user groups (30.8% of each group). A larger proportion of service users without a learning disability reported the perpetrator as being an acquaintance of less than 24 h (32.7%) compared with service users with a learning disability (7.7%). Our results also revealed that twice as many service users with a learning disability reported the perpetrator to be a stranger, when compared with service users without a learning disability (15.4% and 7.7%, respectively). A chi-square test of independence was performed to examine the association between service user group and relationship to perpetrator. A significant association was found,  $X^2(5, N = 104) = 14.2, p = .014$ .

### 3.3 | Form of initial contact and location of alleged assault

We explored how service users had initial contact with the alleged perpetrator (online or in-person). Most service users with a learning disability ( $N = 42$ ; 80.8% of group) and most service users without a learning disability ( $N = 48$ ; 92.4% of group) reported that initial contact with the perpetrator was not made online. Initial contact



**FIGURE 2** Location of assault as reported by clients with and without the likelihood of a learning disability.

was reported as being online by four service users with a learning disability (7.7% of group) and by two service users (3.8% of group) without a learning disability. The form of initial contact was unclear or unrecorded in the remaining cases eight cases across both groups. There was no significant association revealed between service user group and form of initial contact,  $\chi^2(3, N = 104) = 3.35, p = .340$ .

We further explored additional contextual details of the alleged assault by examining location. Location of the assault was variable between service user groups (see Figure 2), but some patterns did emerge. In 42.4% of cases concerning service users with a learning disability ( $N = 22$ ), the location of abuse was the service users' home, compared with in 17.3% of those without a learning disability ( $N = 9$ ). In contrast, the location of abuse was the perpetrators' home in 34.6% of service users without a learning disability ( $N = 18$ ) and in 19.2% of service users with a learning disability ( $N = 10$ ). A chi-square test of independence was performed and revealed a significant association between location of assault and service user group,  $\chi^2(8, N = 104) = 18.9, p < .05$ .

### 3.4 | Alcohol and drug use

Alcohol and drug use relating to the alleged assault incident was explored. We found a significant association between service user group and alcohol use (see Table 2). The group of service users without a learning disability reported more alcohol consumption related to the incident compared to the group of service users with a learning

disability. Similarly, the group of service users without a learning disability reported more drug use related to the incident compared to the group of service users with a learning disability (see Table 2). However, a significant association was not revealed.

### 3.5 | Experiences relating to mental health and domestic violence

Our data revealed that 37 service users with a learning disability (71.2% of service user group) had reported previous or current experiences of mental health difficulties, with 15 service users in this group (28.8%) reporting no such experiences. Similarly, 31 service users without a learning disability reported having experience of mental health difficulties (59.6% of group); with the remaining 21 service users (40.4% of group) reporting no previous or current experiences of mental health difficulties. Although, there was no significant association between service user group and overall experience of mental health difficulties ( $\chi^2(1, N = 104) = 1.53, p = .216$ ), we explored specific self-reported experiences relating to mental health, such as experience of self-harm, suicide attempts, mental health service involvement, and use of psychiatric medications (see Table 3).

We found a significant association between engagement in self-harm behaviour and service user group. For instance, a higher proportion of those with a learning disability self-reported engaging in self-harm behaviour. Further, more service users with a learning disability reported attempting suicide than those without a learning

**TABLE 2** Alcohol and drug use related to alleged assault incident amongst clients attending Saint Mary's SARC, according to likelihood of having and not having a learning disability.

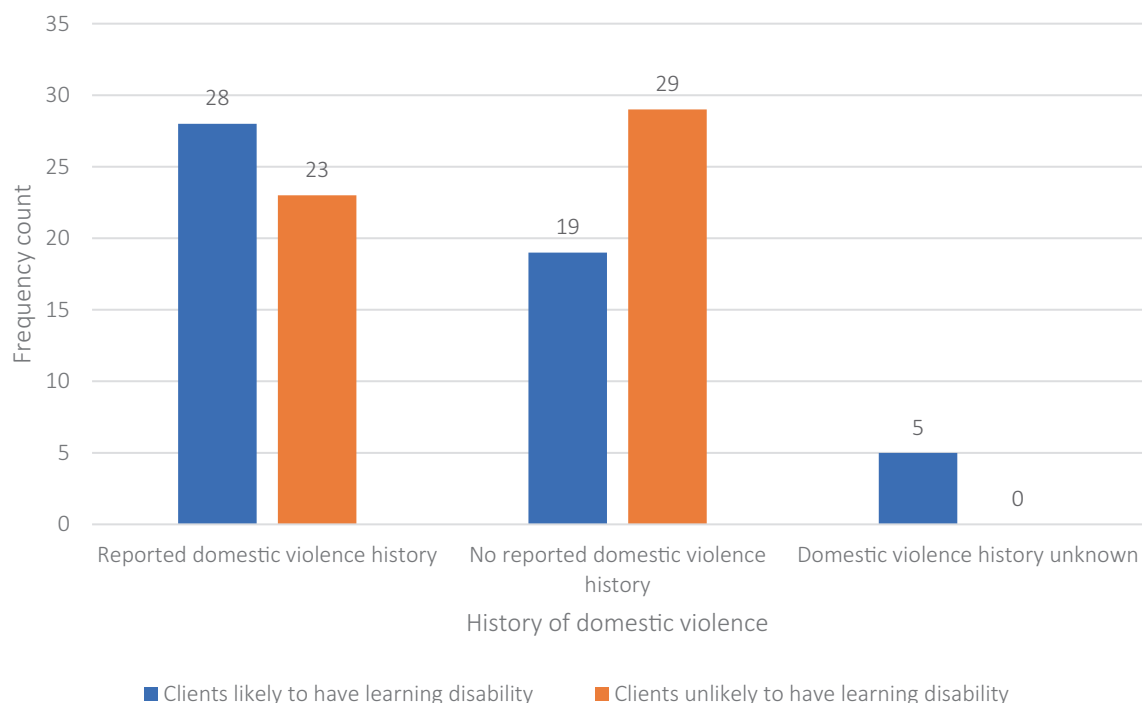
Alcohol and drug use related to assault	Client group				$\chi^2$ (df)	p-value
	Clients likely to have a learning disability (N = 52)		Clients unlikely to have a learning disability (N = 52)			
	N	% within group	N	% within group		
<b>Alcohol</b>					29.10 (3)	<.001
No	36	69.2	9	17.3		
Yes	11	21.2	33	63.5		
Unclear	4	7.7	9	17.3		
Not recorded	1	1.9	1	1.9		
<b>Drug</b>					4.81 (3)	.186
No	34	65.4	23	44.2		
Yes	9	17.3	16	30.8		
Unclear	7	13.5	10	19.2		
Not recorded	2	3.8	3	5.8		

**TABLE 3** Mental health indicators amongst clients attending Saint Mary's SARC, according to likelihood of having and not having a learning disability.

Mental health indicator	Client group				$\chi^2$ (df)	p-value
	Clients likely to have a learning disability (N = 52)		Clients unlikely to have a learning disability (N = 52)			
	N	% within group	N	% within group		
<b>Self-harm</b>					6.78 (2)	.034
No	24	46.2	36	69.2		
Yes	26	50.0	16	30.8		
Unknown	2	3.8	0	0.0		
<b>Suicide attempts</b>					14.30 (2)	<.001
No	27	51.9	42	80.8		
Yes	15	28.8	10	19.2		
Unknown	10	19.3	0	0.0		
<b>Psychiatric medications</b>					4.17 (2)	.124
No	25	48.1	33	63.5		
Yes	22	42.3	18	34.6		
Unknown	5	9.6	1	1.9		
<b>Mental health service involvement</b>					9.38 (2)	.009
No	23	44.2	35	67.3		
Yes	23	44.2	17	32.7		
Unknown	6	11.6	0	0		

disability. There was also a larger proportion of service users with a learning disability (compared to those without) where this information was unknown. We also explored whether service users had any involvement with mental health services. Here, we found a significant association. Self-reported mental health service involvement (yes/no) was equally split within the group of service with a learning disability,

although this status was unknown for a small proportion of service users in this group. However, within the group of service users without a learning disability, the majority reported that they had not had any involvement with mental health services. There was no significant association between service user group and use of psychiatric medication status.



**FIGURE 3** Number of self-reported histories of domestic violence amongst clients with and without the likelihood of a learning disability.

**TABLE 4** Service engagement amongst clients attending Saint Mary's SARC, according to likelihood of having and not having a learning disability.

Service engagement	Client group				$X^2$ (df)	p-value
	Clients likely to have a learning disability (N = 52)		Clients unlikely to have a learning disability (N = 52)			
	N	% within group	N	% within group		
<b>Time interval since assault to reporting for FME</b>					12.9 (4)	0.012
<24 h	12	23.1	26	50.0		
25–48 h	12	23.1	11	21.2		
49–72 h	8	15.4	7	13.5		
>73 h	14	26.9	8	15.4		
Unknown	6	11.5	0	0.0		
<b>Successful ISVA follow-up</b>					0.289 (2)	0.866
No	10	19.2	8	15.4		
Yes	29	55.8	31	59.6		
Not applicable	13	25.0	13	25.0		

Analyses of current and historic experiences of domestic violence in relation to service user group yielded a significant association ( $X^2$  (2,  $N = 104$ ) = 7.57,  $p = .023$ ). A higher rate of service users with a learning disability reported current or historic experiences of domestic violence (53.8% as compared to 44.2%). Further, a higher rate of service users without a learning disability reported no experience of domestic violence (55.8% compared with 36.5%). Further, these experiences were recorded as 'unknown' for 9.6% of service users with a learning disability, compared to 0.0% for those without a learning disability (see Figure 3).

### 3.6 | SARC service engagement

Finally, we explored service users' engagement with the SARC services. A significant association was revealed between service user group and the recorded time between the assault and FME (see Table 4). The service users without a learning disability more often presented at the SARC for an FME within 24 h of the alleged assault took place. Service users with a learning disability took longer to present at the SARC for an FME. Further, there were successful Independent Sexual Violence Advisor (ISVA) follow-ups in large proportions of



both service user groups, that is, telephone contact was achieved. There was no significant association between service user groups and ISVA follow-up (see Table 4).

## 4 | DISCUSSION

Having previously established a high prevalence of people with learning disabilities reporting sexual assault in the Manchester SARC context (Majeed-Ariss et al., 2020) the current study aimed to provide a risk profile for the service users with learning disabilities attending this SARC. To do this, all adult service users attending Saint Mary's SARC for an FME over a 12 month period and scoring as likely to have a learning disability on the LDSQ (McKenzie & Paxton, 2006), were included in the analysis. A matched-sized random sample of adult service users attending the same SARC over the same study period but scoring as not likely to have a learning disability were employed for comparison purposes. Routinely collected data in the medical notes of both service user groups was analysed for similarities and differences, according to learning disability. This research has provided new insight into the needs of SARC service users with learning disabilities.

In terms of medical history—service users with a learning disability were significantly more likely to report mental health indicators than service users without learning disabilities, including: domestic violence, self-harm, suicidal ideation and involvement from mental health services. This finding regarding the intersecting vulnerability of learning disability and mental health amongst sexual violence survivors is consistent with the broader literature (Borthwick-Duffy, 1994; De Bellis & Zisk, 2014; Hollomotz, 2009; Lovell et al., 2021; Majeed-Ariss et al., 2020; Moss, 1995; Peckham, 2007; Sequeira et al., 2003; Sequeira & Hollins, 2003).

An encouraging finding from this study is that service users with learning disabilities were significantly more likely to report previous mental health service involvement than service users without a learning disability, consistent with need. This is a marked improvement from Hollins and Sinason's (2000) review which reported rare use of psychological therapies amongst people with learning disabilities who had experienced trauma. Similarly, Sequeira et al. (2003) reported the majority of their participants with a learning disability who had experienced sexual violence never received psychological therapy despite high levels of mental health complaints.

While this study's significant association between learning disabilities and previous involvement with mental health services is promising, more details about the nature of this previous involvement with mental health services, as well as its appropriateness and effectiveness for survivors of sexual violence with a learning disability is urgently required. A recent systematic review (Stefanidou et al., 2020) synthesised evidence on how SARCs identified and supported mental health, they found great variation in service provision and a lack of robust evidence regarding how good mental health outcomes can be achieved. Stakeholders also explicitly emphasised a need for specialist support for people with learning difficulties. There is a need to add to this evidence base if commissioners are to be given clear guidance on

what reasonable adjustments are required by this population. Moreover, it would be valuable for future SARC research into service users with a learning disability reporting mental health complaints, to utilise validated measures and determine the nature of a service user's mental health complaint, as was achieved by Sequeira et al. (2003).

In terms of the context of assault—statistically significant associations were found in this study between service user group and relationship to perpetrator and location of assault. Service users with a learning disability most frequently reported relationship to alleged perpetrator as acquaintance of more than 24 h and most frequently reported location of assault as their own home. These findings highlight the possibility that perpetrators are targeting people with learning disabilities. Indeed, people with learning disabilities have been known to be the object of sexual exploitation (Watkin et al., 2020).

In terms of SARC service engagement—a significant association was identified between service user group and time elapsed between the assault and the FME, with service users with a learning disability taking longer to present at the SARC. This finding needs further exploration, could it be that people with learning disabilities take longer to present to police or does it take longer for police to refer them to SARC, or both? This finding also raises questions about what bearing this has on police investigations and criminal justice system outcomes. For example, the finding that service users with learning disabilities take longer to present for FME could also have important implications on memory recall and gathering of forensic evidence, which could in turn have a bearing on legal outcomes. It is well established that people with learning disabilities who experience sexual violence face additional challenges in the legal context (Brooker & Durmaz, 2015; Gillard & Wallace, 2003; Sequeira, 2006; Sin et al., 2010).

Future research in the SARC context should consider what implications service users having a learning disability and/or mental health complaints might have on a legal case. One way to do this would be to identify which SARC service user's cases were taken up by the Crown Prosecution Service, and of these which cases led to a conviction. Adding to the evidence base in this way would allow recommendations to be made to service planners for guiding changes in routine policy and practice. For example, just as a learning disability specialist ISVA has joined the clinical team at Saint Mary's SARC, it may be useful for the police and Crown Prosecution Service to employ personnel with these specialist skills.

This study is methodologically strong since it is reporting on SARC population level data, with clear parameters on what constitutes contact sexual assault and likelihood of a learning disability. It is important to note that these study findings relate only to a sample of adults that disclose recent sexual violence and generalisability to other groups is unknown. Care should therefore be taken when interpreting these findings. Another limitation is that this data is from one SARC alone and as such similar research in other geographical areas is warranted.

In conclusion, it is evident from the findings reported here that people with learning disabilities experience greater levels of sexual violence than people without disabilities and are more likely to report mental health complaints. Considering these findings in the wider



context we know, people with learning disabilities are less likely to report sexual violence (Sin et al., 2010; Willott et al., 2020), and if they do report they are less likely to be adequately supported (Brooker & Durmaz, 2015; Gillard & Wallace, 2003; Sequeira, 2006) and more likely to be re-victimised (Lovell et al., 2021). This highlights the importance of viewing sexual violence against people with learning disabilities through the ecological model lens rather than the individualistic model, since the ecological model conceptualises risk and vulnerability through interlinked and interacting complex social processes including personal attributes, environments and socio-cultural factors (Hollomotz, 2009).

The overrepresentation and intersecting vulnerabilities of people with learning disabilities in the sexually assaulted population emphasises a necessity for timely, accessible and appropriate patient centred care for this group. The recommended steps for future research will better inform what such targeted interventions will look like.

## ACKNOWLEDGEMENTS

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## CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared.

## DATA AVAILABILITY STATEMENT

Author elects to not share data.

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