In Press in: Trauma, Violence and Abuse

25th July 2017

The Prevalence and Correlates of Partner Violence Used and Experienced by Adults with

Intellectual Disabilities: A Systematic Review and Call to Action

Running head: PARTNER VIOLENCE AND INTELLECTUAL DISABILITY

Erica Bowen,

University of Worcester

Charlotte Swift,

Avon and Wiltshire Mental Healthcare NHS Partnership Trust

Abstract

It has been suggested that individuals with intellectual disabilities (ID) are at increased risk of violence perpetration and victimisation. A systematic review was undertaken to identify and critically evaluate the existing empirical research concerning the use and experience of partner violence by adults with ID. In total six poor-quality articles were identified, five of which adopted qualitative methods, and one of which adopted a mixed methods approach, comprising a total of 93 participants (48 women, 45 men: one perpetrator, 92 victims). The qualitative data were extracted from the studies and synthesised. A partner violence victimisation rate of 60%, was identified in one non-representative sample. Two superordinate themes emerged from the qualitative data: Nature of partner violence experience, and Help-seeking. Children was a cross-cutting theme within the two superordinate themes. Participants reported experiencing a range of physical, emotional and sexual violence leading to serious injury and psychological consequences. Participants reported experiences of positive and negative help seeking reactions from professionals, and specific requirements of services for victims with intellectual disability. Children were identified as involved in the experience of abuse, the impact of abuse and decisions to seek help. The findings indicate that training of clinical staff to detect partner violence is needed. In addition, adults with ID need education concerning healthy relationships. Research is needed to better understand the difference between 'challenging behaviour' that is behaviour displayed by an individual which challenges services, family members and carers. Such behaviour is more common in individuals with a severe intellectual disability for whom it would not be appropriate to be dealt with through the criminal justice system, and partner violence, in order to develop appropriate interventions for perpetrators with ID.

Keywords: partner violence; intellectual disability; victim; perpetrator; review

The Prevalence and Correlates of Partner Violence Used and Experienced by Adults with

Intellectual Disabilities: A Systematic Review and Call to Action

Introduction

Article 16 of the United Nations Convention on the Rights of Persons with Disabilities (2008) mandates States Parties to "take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects". Individuals with intellectual disabilities (ID) are more vulnerable to violence victimisation (Emerson & Roulstone, 2014) than those without ID. However, reluctance to acknowledge that individuals with ID have need of, and are able to fully engage in intimate relationships has led to a lack of understanding concerning the intersectionality of ID and intimate partner violence (IPV). This systematic review aims to identify and critically evaluate the extant empirical research that examines IPV experienced or used by adults with ID, in order to lay the foundation of a future programme of research that is needed in order to meet the needs of a currently marginalised group of women and men.

In 2001 it was estimated that there were 1.2 million people, representing 2% of the population of the UK, with a mild or moderate ID (Department of Health, 2011). Intellectual disabilities, previously referred to as learning disabilities include any set of conditions, resulting from genetic, neurological, social, traumatic or other biological or environmental factors occurring prior to birth, at birth or during childhood up to the age of brain maturity, that affect intellectual development (World Health Organisation, WHO, 2000). Reflecting this understanding, in the UK an individual is identified with an ID when three criteria are

met: a confirmed IQ below 70, impairments of social functioning and communication skills, and childhood onset of impairment (Department of Health, 2001).

There is growing consensus that individuals with IDs are more vulnerable to violence and abuse victimisation experiences. For example, Emerson and Roulstone (2014) found that individuals with disabilities were significantly more likely than individuals without disabilities to experience any form of violence in a 12-month period, with the likelihood of this experience increasing 2.71 times for individuals with IDs. Recent reviews have indicated that the increased risk of individuals with disabilities having experienced violence in the last year is approximately 50% (Hughes et al, 2012). Researchers suggest that individuals with ID may be more vulnerable to aggression and violence victimisation due to being more passive, which may then reinforce the aggressors behaviour (Sabornie, 1994). Alternatively, individuals with ID may mis-read social cues or misinterpret neutral non-threatening behaviours (Rose, Espelage & Monda-Almaya, 2009). It has further been suggested that the comparative lack of socialisation which enables individuals without disabilities to avoid victimisation, may increase the vulnerability of adults who have ID to violence (Nabuzoka, 2003).

The vulnerability experienced by individuals with IDs can also make them more aggressive (DoH, 2011), and some individuals with ID display more aggressive and bullying behaviours as a consequence of social learning, a reaction to prolonged victimisation, or due to a general lack of social skills (Rose Monda-Almaya, & Espelage, 2009) . Intellectual disabilities may impair an individual's ability to effectively decode non-verbal and emotion cues, and may also impair their ability to engage in socially appropriate behaviours. Taylor, (2002) completed a review of prevalence rates of aggression in populations of adults with IDs and found rates of aggression of between 11% and 27% in this population. Taylor & Novaco

(2005) note that the life circumstances and psychosocial experiences of individuals with ID are likely to activate anger, for example through physical, emotional and interpersonal needs not being adequately met, cognitive functioning deficits can impair effective coping and poor support systems may adversely affect problem-solving options (p. 2). Tyrer et al (2006) identified a prevalence rate of 14% of 3065 English adults with ID identified by carers as having engaged in aggressive behaviour. Of these, 18% had used aggression severe enough to lead to serious injury in the last two years. Those who were aggressive were significantly more likely to be men, younger and were living in an institutional setting. Crocker (2007) examined the predictors of different types of aggressive behaviour exhibited by 296 Canadian adults with mild or moderate ID. Six profiles of aggressive behaviour reflecting the presence or absence and severity of aggression, sexual violence towards others, and self-aggressive behaviours were identified through interviews, file reviews and interviews with significant others of the participants. Two of these groups exhibited violent or aggressive behaviours. The 'aggressive group' (18%) engaged in all forms of aggression but at varying degrees of severity depending on the type of aggression. The 'Violent group' (10%) engaged in all forms of aggression at all levels of severity and at much higher rates than the other groups. The violent group were distinct in the extent to which they exhibited mental health issues, antisocial traits, impulsivity and lacked social and vocational involvement.

Although these studies characterise the association between ID and violence experience and use, the vast majority of research that examines the intersection of violence and disability focuses either on physical or sensory disabilities, and more often than not samples are described as disabled through an aggregate definition encompassing physical, sensory and cognitive/intellectual impairments (McCarthy, Hunt & Milne-Skillman, 2015) and will include individuals presenting with 'challenging behaviour'. The NICE Guidelines

for Challenging Behaviour and Learning Disabilities (NICE, 2015) state that 'challenging behaviour' is not a diagnosis, but refers to behaviours that present a challenge to services, family members and carers and result from an interaction between personal and environmental factors. The guidelines state that it is relatively common for individuals with an intellectual disability to engage in behaviour that challenges, which 'may' bring the individual into contact with the criminal justice system, however it is also noted that such behaviour is more likely to occur in individuals with a severe intellectual disability (who would be unlikely to come into contact with the criminal justice system) and in particular settings, such as hospital settings. Additional factors such as a diagnosis of autism, communication difficulties, sensory processing difficulties, and physical or mental health problems (including dementia) are also considered to increase the chance of an individual developing behaviour that challenges. When ID and violence are examined in the literature, the focus is typically on a broad range of violence or aggression committed by unspecified perpetrators again encompassing, but not specifying, behaviour that challenges. Consequently, our understanding of the specific intersection between intimate partner violence and intellectual disability is less well formed.

Intimate partner violence (IPV) and abuse is defined as 'any form of aggression and/or controlling behaviors used against a current or past intimate partner of any gender or relationship status' (Dixon & Graham-Kevan, 2011, pg 1145). It has been argued that the lack of focus on IPV in ID populations may be due to the repression of the sexuality of people with IDs (Dixon & Robb, 2015). Indeed, individuals with IDs are typically excluded from education concerning healthy relationships, which it has been argued, may have inadvertently increased their vulnerability to the experience and use of violence and abuse in intimate relationships (Ballan & Freyer, 2012). However, cultural shifts in the last four

decades have led to greater acceptance that individuals with IDs have a right to a normal life. Nosek, Howland and Young (1997) identify nine factors that place individuals with ID at increased risk of family violence (of which IPV is one form) relative to those without ID: 1) an increased dependency on others for long term care; b) denial of human rights leading to perceptions of powerlessness by both victim and perpetrator; c) less risk of discovery by the perpetrator; d) lack of understanding of others faced by victims; e) less education about inappropriate and appropriate sexuality; f) increased risk of social isolation due to living in isolation; g) the potential for physical helplessness and vulnerability in public places; h) values and attitudes held by professionals which neglect individual capacity for self-protection and promote integration, and i) economic dependence on another person. Contrary to expectations, it has been found that those who are higher functioning and also have higher levels of adaptive behaviours are at greater risk of being involved in violence (Marchetti & McCartney, 1990). This stands in contrast to hypotheses that those who are low functioning are at greatest risk due to the perceived reduced risk of them informing (Strickler, 2001). It is possible that the reason for this reflects the individual's ability to interact with or react to the abuser (Zirpoli, Snell, & Lloyd, 1987). A small number of studies have identified a higher than expected prevalence of ID within populations of partner-violent individuals.

Intellectual disabilities have been implicated in IPV offending in two studies. Henning, Jones and Holdford (2003) compared the treatment needs of men (n = 2,254) and women (n = 281) arrested for IPV. It was found that 36.7% of men and 33.7% of women were assessed as 'borderline to mentally deficient' based on estimated IQ scores transformed from scores on the Shipley Institute of Living Scales (SILS). However, no further details are provided with regard to how this clinical category is operationalized in relation to IQ score estimates, or whether adaptive functioning is considered. In addition, Stewart and Powell

(2014) examined the risk and criminogenic need characteristics of Canadian federal offenders who were identified as having a history of IPV (n = 4,261) in comparison to those without a history of IPV (n = 4,261). It was found that those offenders with a history of IPV were more likely to have a diagnosis of learning disability than those without a history of IPV (18.4% vs. 15.2% respectively). However, it is unclear what data were used to determine this categorisation, with reference made to the use of the Offender Intake Assessment, but not to how intellectual and adaptive functioning was assessed specifically within this assessment. Moreover, the rehabilitation needs and risk characteristics of those perpetrators identified with ID are not examined in detail in either study.

Taken together then, empirical evidence and practitioner insight suggest that individuals with ID are likely to be at increased risk of experiencing and using violence in general, and IPV specifically. It is unclear however whether ID women are at greater risk of experiencing IPV relative to non-ID women. Moreover, federal populations of IPV perpetrators have a considerably higher prevalence of ID than the general population, despite the bases for these diagnoses remaining unclear. However, individuals with ID, once identified as IPV perpetrators, are unlikely to receive specialised support to change their behaviour. What remains unclear however is the extent of scientific evidence that has directly examined the nature and prevalence of IPV victimisation and perpetration in populations of adults with ID, and the characteristics of those individuals affected by or who perpetrate IPV. Consequently, the aim of this systematic review is to characterise the extant empirical literature that examines IPV in adult ID populations.

Method

A systematic review of published literature was conducted. A search of the Cochrane and PROSPERO databases indicated that no systematic reviews on this topic had been completed or registered. The systematic review is registered with PROSPERO, registration number: CRD42016052301.

Inclusion criteria

Studies had to meet the following inclusion criteria (1) they had to have been published before 2017, 2) they had to have been published in a peer-reviewed journal in English, 3) they had to consist of an original quantitative or qualitative study, 4) they had to have a sample composed of adults (aged 21 or older) with an identified ID. In addition, the studies had to have examined either the experience or perpetration of IPV or the characteristics of ID individuals who experienced or perpetrated IPV.

Search strategy

An electronic search was conducted between September 2016 to November 2016 in the Medline, Web of Knowledge, Academic Search Complete, and PsycINFO databases using the following terms: intimate partner violence OR domestic violence OR domestic abuse OR intimate partner abuse OR battering OR spouse abuse OR dating violence AND learning difficulty OR learning disability OR mental retardation OR intellectual disability. In addition, a manual search was performed in the following publications: *Journal of Interpersonal Violence; Partner Abuse; Aggressive Behavior; Aggression and Violent Behavior; Journal of Marriage and the Family; Violence and Victims; Journal of Family Violence, Journal of Applied Research in Intellectual Disabilities; Violence Against Women; British Journal of Social Work; Journal of Intellectual Disability; Research in Developmental Disability;*

American Journal on Intellectual and Developmental Disabilities. In all 202 studies were identified, of which 56 duplicated studies were excluded. Therefore, the total number of studies to review was 146.

The selection was carried out in two phases, preselection and selection, both performed independently by two researchers. Cohen's k index was used to calculate the level of interrater agreement (k = .94, agreement reached 100% after discussion). In the preselection phase, the titles and abstracts of the 146 studies located were scanned and the relevant studies were pre-selected based on the inclusion criteria. A total of 42 studies were preselected. In the selection phase the complete text of 42 studies was reviewed of which 36 were excluded. Six studies were retained. Once these studies were identified a citation search was conducted of Google Scholar in order to identify subsequent research that cited each of these seven articles and to identify potentially relevant additional studies. None were found.

Data were extracted on study characteristics (authors and year, research design, geographic location, definition of IPV, definition of ID), sample characteristics (size, age, ethnicity, income level) and research design (qualitative, quantitative or mixed methods). Five of the six studies used purely qualitative methods, and one adopted a mixed method design. Due to the dominance of qualitative methods, the studies were quality assessed using the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong, Sainsbury & Craig, 2007). Table 1 summarises the quality of the six studies examined. It is evident from table 1 that none of the studies reported more than 50% of the criteria required in the reporting of qualitative studies, suggesting that the identified studies were of poor quality in general. All six studies are however examined within the narrative review as they represent the current state of knowledge concerning the experience and use of intimate partner violence by adults with IDs. All of the qualitative excerpts reported in each paper

were extracted from the published papers into NVivo and these quotes were considered 'data' within the process of qualitative synthesis (Howell Major & Savin-Baden, 2010). A process akin to that of Thematic Analysis (Braun and Clarke, 2006) was then used, in which these excerpts were coded and initial themes identified, prior to the themes being synthesised across the studies, leading to a new perspective on the qualitative data presented across the studies. An inductive approach was used when analyzing the data to identify themes at a semantic level. Consequently, themes were driven purely by the data provided by respondents as reported within the original articles and not by the researchers' theoretical interest (Braun & Clarke, 2006).

Results

Details of the six extracted studies are presented in table 2. It is clear from table 2 that drawing a consistent impression regarding the prevalence, nature and correlates of the experience and use of partner violence by adults with ID is limited by the methodological differences across studies which will be discussed later. Moreover, none of the retained studies reported quantitative analyses in which the correlates of the experience or use of partner violence by adults with ID relative to individuals without ID were examined. Consequently, it is not possible to speak directly to this research aim. The implications of this omission for policy, practice and research are discussed later. The studies identified, however, did provide tentative evidence concerning the prevalence of partner violence experienced by ID adults. In addition, the qualitative data represented two superordinate themes of: 'The nature of partner violence experience' and 'Help-seeking'. 'Children' was a cross-cutting theme that fed into each of these two superordinate themes.

Prevalence of partner violence experienced by adults with ID

Only one study set out to determine the prevalence of IPV experienced by adults with ID. Ward et al (2010) conducted a mixed methodology study involving a small non-representative sample of 47 adults with ID that focused on understanding the nature of interpersonal relationships in this population. A semi-structured interview was developed for the study, which was informed by a pre-existing crime victimisation survey. However, the extent to which the questions about IPV were informed by accepted standardised measures was not specified. On this basis, the majority (85%) of participants reported that they had experienced at least one romantic relationship since the age of 18. Participants were asked closed questions regarding whether they had ever experienced from a partner: yelling, hitting, unwanted sex and/or taking things without permission. On this basis, 60% of participants reported experiencing some kind of IPV, and two thirds of participants who reported experiencing IPV reported that this had been experienced from more than one partner. Overall there was no significant difference in the percentage of men (60%) and women (57%) who reported experiencing physical IPV. Emotional violence was most often identified with 90% of men and 79% of women reporting this experience, a difference that was statistically significant. Women were more likely than men to report having experienced sexual abuse (20.8% vs 4.2% respectively) but numbers were too small for comparative statistical analyses. In their examination of homosexuality among people with mild ID, Stoffelen et al (2013) identified that of their 21 participants (2 women), six gay men reported experiencing some kind of abuse from their previous partner. This represents a potential prevalence rate of 31.6% based on experiences within one relationship. No such report was provided by either of the two women participants.

Nature of partner violence experienced or used by adults with ID

This superordinate theme comprised three subordinate themes of 'Partner violence tactics', 'Situational characteristics' and 'Impact of partner violence'.

Partner violence tactics

All six studies provided details of the range of abusive behaviours experienced although the detail provided varied between studies and participants. For example, the only perpetrator identified reported that he had been using control to protect his partner '*I like to protect my girlfriend, which I have been controlling, sir'* (study 2) although no further details of the controlling behaviours adopted were provided. In contrast, much richer descriptions of victimisation were provided in studies 3, 5 and 6 in particular. Participants describe in detail aspects of often severe physical violence that were experienced at the hands of male intimate partners: '*he would normally like push me against the wall, grabbed my neck', (*female participant study 6); *'he just got a knife and stabbed me' (*female participant study 3); '*Bruce strangulated me'* (female participant, study 5); *'then he beat me'* (male participant, study 4).

The partner violence experience also often comprised of non-physical emotionally abusive and coercively controlling behaviours which were identified by participants in studies 1, 3 and 6: '*She never hurt me but she put a lot of fear in me that she was going to'* (male participant, study 1); *'I was depressed, on depression tablets. He [husband] found them, he said I don't think you're taking them, and threw them away'* (female participant, study 3); '*when I got up first thing I had to do everything he wanted. If I didn't he would hurt me straight away'* (female participant, study 6). Sexual violence also featured in the narratives examined in studies 1, 3, 4, 5 and 6, with reports of forced sexual activity consistent across these accounts: *'he tried to rape and strangle me'* (female participant, study 3); *'he raped me...*(female participant, study 5); *'he raped me in front of my daughters'* (female participant, study 6); *'He forced me with everything, including sexually´*(male

13

participant, study 4). Participants also reported that their partners had taken measures to isolate them from friends and family: *'he was nasty to them outside [neighbours] I lost all my friendships with the neighbours'* (female participant, study 6)

` A unique finding reported only in study 6, was the use of the participant's disability against her within the context of emotional abuse: *'because I had learning disabilities and needed support he used to drive that in my face..he used to show me up in front of his mates if I couldn't work something out. He'd say 'you're useless, you can't do nothing''* (female participant).

It was clear from participants across studies that the partner violence experienced was part of a repeating pattern of behaviour that lasted throughout the relationship and persisted even after the relationship had ended in some cases: *I know it was every week, but I can't be sure it was every day* (female participant, study 6) *He would phone and text me and say 'I will find where you live, I'll burn your house on fire with your kids in it'* (female participant, study 6); *'for 10 years…I had to give my money…it lasted for many years. Then he beat me'* (male participant, study 4). In addition within study 5 examples were given of women having experienced several consecutive abusive relationships: *'I had one there and he was alright from the start but then he was horrible. I met someone else who was bullied, he bullied me...and use to beat me up and then I met my son's father and he was alright and then he was horrible...and then I met my daughter's father and he was alright from the start and then he used to beat me...'*.

Situational characteristics

None of the studies were designed with the purpose of identifying antecedents of partner violence; however, the verbal accounts provided highlighted a small number of situational characteristics that may be of relevance to the onset and use or experience of partner violence in ID populations.

The most consistent theme to emerge across studies 1, 4, 5 and 6 was the role of financial strain in the relationships characterised by partner violence. In three studies, participants reported that their partners were financially dependent upon them or were exploiting them financially: *'I could buy groceries $40 and he says it's not enough to last us for the winter. But I say, you know, if you help too and he gets mad and upset and he takes it out on me'* (female participant, study 1); *'If he didn't have any money he used to hit me a lot'* (female participant, study 5); *'He would ask me for money and if I said no he'd twist my arm. He took a lot, all the money I had been saving up'* (female participant, study 6). The only other situational characteristic identified in more than one study was pregnancy: *'I mean I was pregnant with Jacob and Bruce strangulated me and things got sort of worse'* (study 5); *'when I was pregnant he thumped me, kicked me'* (study 6). Ward et al (2010) report in their discussion that alcohol and drugs were present in incidents reported by one third of participants, but no quantitative or qualitative data are presented to actually support this claim within the results section of the paper.

Impact of IPV

It is of interest that when participants across the studies discuss the impact of their partner violence experiences, many draw attention to the psychological rather than physical impact. This is the case in studies 3 and 6: *'Everything is still there, the mental abuse, name calling, what he's said in the street, the hospital, when we split up, the night he stabbed me, it not actually the physical abuse sometimes that affects you it's the mental torture'* (study 3); *'I felt hatred towards myself'* (study 6); *'I took an overdose, a small one'* (study 6). In the few instances where physical consequences were identified, the injuries sustained varied in severity: *'He got pissed at me one time and threw a pipe. It hit me and cut me'* (study 1),

'*..the first thing I knew was that my collarbone was hitting the ground. And that was my whole body weight. He ended up breaking my collarbone..*' (study 1); '*I lost one of the babies..*' (study 6).

Help-seeking

Ward et al (2010) asked participants about the types of help they had sought subsequent to experiencing partner violence. In total 9 (37.5%) reported that they did not seek help at all. The remaining participants reported seeking help from police, family, friends, staff, doctors and counsellors, although family and friends were the most often reported sources. It is claimed by Ward et al that data presented indicate the proportion of individuals happy with the response to their help-seeking, however the actual data presented do not reflect this, merely the proportion of individuals who sought help from each source. Consequently, it is not possible to understand from their data whether participants were happy with the response received when they sought help. Across the studies however, evidence is provided of experiences that participants perceived of as unhelpful or revictimising, and those that were helpful and healing.

In study 3, a participant recounted how negative interactions with a housing officer made her feel re-victimised: '*It made me feel worthless again, she [housing officer] accused me of lying, she said I kept changing my story*'. Participants in studies 3, 5 and 6 in particular expressed difficulties in engaging with social services and concern at the response received when social services were involved: '*I had what they called postnatal depression. They [social services] said I didn't love the child in the way I should've done. I just needed some help, I never had the chance*' (study 3). '*When we ask for help there's no one to help us, they seem to take your children away instead of helping you*' (study 6);

Conversely social workers were also identified as positive resources for women with ID who were experiencing partner violence: '*The social worker said shall I ring the police up she rang them up, she helped me out, cause they [police] help me now, they did a really good job*' (study 3). '*The social worker brought me to a safe place where people could look after me and take care of me*' (study 6). Other participants reported a helpful response from the police: '*The police were really helpful, really good* (study 6)

Children

Children are referred to in several different ways in the accounts detailed across the studies, each of which speaks to the other themes identified, and therefore 'Children' is a cross-cutting theme. Children are often identified as characters within emotional abuse, such as threats made to kill or harm the child without the child being present. However, children are also witnesses to the abuse of their mother and at times direct victims within abusive incidents: '*I lost one of the babies – there was two, I didn't even realise I had twins*' (study 6); '*H was dragging me and hitting me and my daughter was slapping him saying 'let mummy go'. He turned around and said to her 'shut up, before you get the same*' (study 6). Children are identified within women's narratives concerning the impact of abuse: '*Sally would run outside about two houses down and cry in the gutter*' (study 5). In study 3 one participant identifies her protection of her children by engaging with social services as the context for her experiencing further abuse: '*I was worried about [child], he [partner] said I shouldn't have gone to social services, I got the abuse because I did what was best for my kid*'.

In addition, children were identified as reasons for remaining in an abusive relationship: '*I felt terrified but I wanted to stay with him for a while cause he was the*

children's dad...even though he didn't do anything for the kids' (study 5). In one instance children were referred to as potential perpetrators, encouraged by the partner: *'She told her son, my stepson, to take me outside to teach me a lesson..he thrown me down on a ramp that they built for me to get out of the house and proceeds to shovel snow over my body..'* (male participant, study 1).

Discussion

Community intellectual disability services in the UK have seen an increase in the referral of men with IDs to forensic services due to partner violence perpetration (Swift, Waites & Goodman, 2017). Current practice within the criminal justice system dictates that individuals with a full scale IQ lower than 80 cannot be referred to existing IPV perpetrator programmes (Talbot, 2008) either in prison or within community corrections, and there is no modified programme open to these (predominantly) men. Consequently, one impetus for the current review was to characterise the extant literature concerning the experiences and correlates of partner violence reported by adults with IDs in order to inform the development and provision of services to this population. To our knowledge this is the first systematic review of published empirical literature that examines the intersection between IPV and ID, and it highlights how sparse the extant literature is, and, more worryingly, the poor quality of the studies that have been published. Six studies were retained in which the experience of IPV by adults with ID was examined, none of which met more than 50% of the COREQ quality criteria. Consequently, the conclusions and suggestions presented herein are considerably limited due to the poor quality research upon which they are based.

Study strengths and limitations

As is endemic within systematic reviews, this review suffers from the same limitations of reviews based on electronic database searches. Sources of possible error in the search include underreporting the number of relevant articles on a topic due to inadequate search algorithms within the databases themselves. In addition, human error is also a factor that may play a role in sifting the articles. Also, the review focused on identifying published research which may therefore have excluded unpublished research conducted by IPV or mental health/ID agencies into this issue.

Implications for future research

Due to the poor quality of the studies reviewed, the extant literature leaves many unaddressed questions, particularly in relation to the prevalence of IPV victimisation and perpetration by adults with ID; the risk factors for IPV perpetration and victimisation, and the intervention and support needs of IPV victims and perpetrators

Prevalence

Although research has previously identified an increased prevalence of ID within federal populations of partner violence perpetrators (Henning et al, 2003; Stewart & Powell, 2014), the prevalence of partner violence perpetrated by adults with ID is undocumented. The two studies reported herein in which small, non-representative samples of adults with ID were used, add little to our understanding. Neither study used existing standardised measures of IPV; therefore, we cannot make comparisons of purported prevalence with pre-existing data in other populations. Consequently, research with larger representative samples of adults with ID is needed, using appropriately adapted standardised measures, in order to verify the prevalence of both perpetration and victimisation in this population.

It is possible and likely that many cases of IPV remain undetected due to ID practitioners characterising these behaviours as 'challenging behaviours' which can be concomitant with ID (Lee & Carson, 2012). This is likely to therefore lead to under-identification in both instances, and particularly where these two features intersect. Consequently, research is needed to characterise perpetration within this population and to delineate the boundaries between challenging behaviours, partner violence, and offending behaviour that is IPV perpetration.

Risk factors

The studies examined herein have little to say about perpetrator characteristics directly. Only one study reported a single-person case study of a resident at a specialist college whose behaviours had previously been characterised as challenging behaviours rather than partner violence (Lee and Carson, 2012). The study provided little direct evidence concerning the nature of perpetration, referring to statements made by the participant concerning controlling his girlfriend and 'losing it' when he thought she was flirting with someone else. The remaining studies that focused on victims of partner violence typically did not include any data regarding whether the partners of the victims had ID. McCluskey et al (2015) reported that from consulting with the professionals who referred the women to their study, the perpetrators '*mostly, did not have learning disabilities themselves, but did tend to have mental health problems..drug and alcohol dependency. They tended to be jealous and manipulative..had a history of abusing previous partner..and the women stated that they often had criminal records' (pg 7).* However, authors were also reluctant to enquire about the characteristics of perpetrators, and specifically whether they too had ID. As one author stated '*this was deemed to be an irrelevant question, that, if asked, could potentially minimise the domestic abuse'* (Walter-Brice et al, 2012). Unfortunately, by not asking, the opportunity to

develop a clinical picture of perpetration by adults with ID was missed. One study identified the abuse of women with ID by men without such disabilities as a 'red flag' suggesting that in their study none of the victims were partnered by men with ID, although again this is not explicitly reported in the paper (McCarthy et al, 2015). Comparative studies are therefore needed in order to determine whether the presence of ID in either or both IPV victim or perpetrator is associated with differences in the nature of IPV experienced, and the overall prevalence of IPV.

Moreover, a programme of research is needed in which the nature and function of IPV behaviours used by adults with ID are described in order to determine whether the presence of ID per se has any relevance to how partner violence is committed, and what function it serves when it is present in a relationship. In addition, research is required in which the risk and vulnerability factors for IPV in adults with and without IDs are examined and compared in order to determine the extent to which those with ID may have different intervention and support-related needs. It is unclear for example, whether the help-seeking difficulties experienced by women with ID were due to poor service provision generally, or were related more directly to their ID. This research can then inform both the development of new, or refinement of existing, approaches to risk assessment and intervention programmes aimed at reducing partner violence perpetration, and supporting and protecting victims.

The COREQ rating scale also highlighted limitations in the reporting of the qualitative studies which need to be addressed in future studies of this nature. In particular, researchers need to ensure that IDs are defined and diagnosis confirmed in order that the research findings can be appropriately applied and contextualised. In addition, definitions of partner violence and methods of measurement and analysis also need to be stated.

Implications for practice and policy

According to Article 16 of the United Nations Convention on the Rights of Persons with Disabilities (2008) mandates States Parties to "take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects". It is clear from the extant literature that much more needs to be done to meet the needs of both victims and perpetrators of IPV in order to protect future adult and child victims. Although the reviewed studies are of poor quality, some tentative suggestions can be made. A first step would be to train individuals with ID about the nature of healthy relationships, as well as how to identify problematic relationship behaviours and engage in safe methods of help-seeking. Although historically there has been reluctance to acknowledge and accept that individuals with ID have need of, and are capable of engaging in intimate relationships (Siebelink, de Jong, Taal & Reolvink, 2006) this must be accepted and supported if we are going to protect vulnerable individuals from abuse. Consequently, as with sexual and relationship education more generally, these issues need to be addressed with ID individuals prior to them engaging in intimate relationships so that they have the knowledge and awareness needed to navigate those relationships successfully, particularly if relationships are initiated with individuals without ID.

Secondly, it should be a requirement that all staff who come into contact with adults with ID are trained in detecting IPV (McCarthy et al, 2015), and staff should be able to signpost to appropriate support services. Moreover, all staff who work with IPV perpetrators should also be trained in identifying the signs of ID, and risk and treatment need assessments within forensic settings should routinely screen for intellectual and adaptive functioning.

Conclusion

Six, poor quality studies were identified that examined the experiences of partner violence by adults with ID, five of which focused on victim experiences. No studies provided a clear account of the prevalence of perpetration or victimisation, risk factors for perpetration or victimisation, or the specialist support needs of perpetrators or victims who have ID. Consequently, the current state of knowledge concerning the use and experience of partner violence by adults with ID is fundamentally inadequate, and until this knowledge gap is closed, our ability to provide appropriate evidence-based services to both perpetrators and victims is limited. Drastic and immediate action is needed across the scientist-practitioner divide in order for countries to meet the requirements of Article 16 of the UN convention on the Rights of Persons with Disabilities in relation to the prevention of IPV.

Key points of the research review

- Adults with intellectual disabilities (ID) are vulnerable to violence and abuse victimisation and yet little research has examined partner violence in this context.

- Qualitative studies identify the experience of physical, emotional, financial and sexual abuse of adults with ID by their intimate partners.

- Adults with ID who are also victims of partner violence have specific needs that should be considered by support services.

- No research exists that has focused on identifying risk factors for the perpetration of partner violence by adults with ID.

Implications for practice, policy and research

Practice

- Clinical and forensic staff working with adults with ID should be trained to detect partner violence.

- Forensic and clinical staff working with adults in relation to the issue of partner violence should be trained to screen for ID, and existing services should be modified to account for variations in intellectual functioning.

- Individuals with ID should be educated during adolescence about the nature of healthy and risky intimate relationships, focusing on identifying problem behaviours, and how to safely seek support and help.

Policy

- Clinical and forensic settings should develop and implement policies that require staff to be trained in order to detect partner violence and ID among their client groups so that signposting to appropriate support can be provided.

- Corrections policies should require that adapted evidence-based interventions are developed for individuals with ID.

Research

- Research is needed with larger representative samples of adults with IDin order to more accurately determine the prevalence and nature of partner violence used and experienced.

- Research needs to be conducted to characterise the difference between challenging behaviours and partner violence in populations of adults with ID, in order to inform the training of clinical and forensic staff.

Comparative research is needed to understand the risk and intervention needs of adults with ID relative to those without ID in order that appropriately adjusted services can be designed and implemented.

Table 2. Characteristics of the extracted studies.

Study and country	1. Ward, Bosek & Trimble, (2010) Alaska	2. Lee & Carson (2012) UK	3. Walter-Brice, Cox, Priest & Thompson (2012) UK
Study Design	Mixed methods	Qualitative	Qualitative
Participants	47 (22 women, 25 men); Age range 18 – 57, mean 36 years. 40% Caucasian, 25% Alaskan native. 83% single and never married. Half received minimal support (less than 3 hours per day). 59% reported being employed at least part time.	1 male	5 women, Aged 27-50 years None in paid employment, three worked voluntarily. Recruited through women's groups for women with learning disabilities including one specialist partner violence support group.
Intellectual disability (as defined by study)	Developmental disability. Participation criteria included: a) sufficient verbal skills to be interviewed, b) not severe intellectual disability, c) live in a	Participant recruited from specialist college, diagnosis unknown.	Not disclosed in order to protect their identity. Unknown whether perpetrators had ID. Not asked as it was deemed to potentially minimise the abuse.

	home other than with parents, d) live in a home with no more than three other peers, and e) live without continuous supervision.		
Intimate partner violence (IPV, as defined by study)	Study identifies physical, emotional and sexual abuse in relationships.	IPV incidents had been recorded as challenging behaviours, explicit definition not provided.	All identified as having experienced IPV as per Women's Aid (2008) definition.
Measures	Bespoke semi-structure interview schedule (not specified) examining descriptions of relationships, personal experience of interpersonal violence and how situations of violence within dating scenarios were handled by participants. Interview was an adapted version of a	Semi-structured interview based around written scenarios, repeated on a weekly basis.	Individual interviews using bespoke semi-structured interview schedule. Topics included women's relationships with their partners, experiences of contact with services, and what enabled them to manage.

	crime survey questionnaire (Armour & Escamilla, 2003).		
Results	60% of participants who had ever had a romantic relationship reported having experienced some form of IPV (yelling, hitting, unwanted sex and/or taking things without permission). Two thirds reported experiencing IPV with more than one partner. Emotional rather than physical abuse most often reported. There was no association between level of support and experience of IPV. 24 adults reported experiencing abuse (14 women, 10 men). Men	Participant identified that his use of violence was linked to his perception that his girlfriend may cheat on him. Identified history of unfaithful partners and fear of it happening again as risk factors.	Interpretive phenomenological analysis (IPA) conducted on transcripts. Four themes arose from the data: *Abusive experiences* captured the range of domestic violence experienced including physical and sexual violence, harassment, theft and verbal harassment. *Disclosure of abuse* to services identified negative experiences of disclosure. *Unfairness and Injustice* reflected the perceived response received by services. *Support networks*

	more likely to report emotional abuse than women (90% men, 78.6% women). Men and women similar percentage reported physical (60% men, 57% women). Women more likely to report sexual abuse (35.6% vs. 10% men).No association between gender and experience of violence and abuse.		identified the range of sources of support that women felt helped them to cope.

Table 2 (continued)

Study and country	4. Stoffelen, Kok, Hospers & Curfs, (2013) Netherlands	5. Pestka & Wendt, (2014) Australia	6. McCarthy, Hunt & Milne-Skillman (2015) UK
Study Design	Qualitative	Qualitative	Qualitative
Participants	21; 19 gay men, 2 lesbian women. Recruited through sexual minority organisation. Volunteer sample.	4 adult women, Aged across 21-69 years All were mothers	15 women with learning disabilities who had experienced IPV in previous five years

	Mean age 40.5 years, range 20-62 years.	Two were divorced, one married one not married. Participants recruited from disability services	
Intellectual disability (as defined by study)	Not identified.	Details of assessment not disclosed.	Participants had mild learning disabilities that were not formally assessed. Participants were recruited through professional contacts within learning disability services
Intimate partner violence (IPV as defined by study)	Not the focus of the study, but a theme that emerged from the interviews.	Unclear whether sample recruited due to experience of IPV although aim of interview was to examine this.	Adopted the Home Office definition of IPV as 'any violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical,

			sexual, emotional or financial abuse'.
Measures	Individual interviews using bespoke semi-structured interview schedule.	Individual interviews using bespoke semi-structured interview schedule. Themes covered included intimate relationships across their lifespan, how they felt when they had a partner, how they felt with abuse was part of their relationships.	Semi structured interview schedule focusing on experience of domestic violence, impact and coping strategies
Results	Focus of the study was on understanding same sex relationships lived by individuals with ID. Six of the 19 men (32%) reported that they had been poorly treated or abused by a previous partner.	Analysed using narrative analysis and dialogical analysis. Three themes: *not belonging, wanting to belong and domestic violence* were reported on. All four participants provided accounts of	Interpretive Phenomenological Analysis (IPA) conducted and led to 6 themes: severity of the abuse; Psychological impact; Women's resistance strategies; Perpetrator issues; Seeking help; Life after the abuse.

		domestic violence experiences.	

Table 1. Application of COREQ criteria to each of the studies examined. The presence of a dot indicates that the criteria were addressed in the paper.

	Domain / criteria	1	2	3	4	5	6	7
		Studies[a]						
Research team/reflexivity	Which author conducted the interview?		●					
	What were the researcher's credentials?							
	Researchers occupation?							
	Researcher's Gender		●				●	
	Researcher's experience/training		●					●
	Relationship established prior to study?							
	Participant knowledge of the researcher							
	Characteristics of the interviewer reported							
Study design	Methodological orientation/theory stated		●		●		●	●
	Sampling described		●	●	●	●	●	●

Category	Item						
	Method of approach described	●	●	●	●	●	●
	Sample size reported	●	●	●	●	●	●
	Non-participation documented	●					
	Setting of data collection	●		●		●	
	Presence of non-participants reported				●	●	
	Description of sample key characteristics	●			●	●	●
	Interview guide and/or pilot referred to	●	●	●	●	●	●
	Repeat interviews conducted?		●			●	●
	Audio/visual recording reported?				●	●	●
	Development of field notes reported?						
	Duration of interviews reported?	●	●	●		●	●
	Was data saturation discussed?						
	Were transcripts returned to participants for comment?						
Analysis and findings	Number of data coders identified?	●					

Description of coding tree provided?						
Derivation of themes described?			●	●	●	●
Software use reported?	●		●			
Participant checking reporting						
Quotations presented	●	●	●	●	●	●
Data and findings consistent	●		●	●	●	●
Were major themes clearly presented?			●	●	●	●
Is there discussion of diverse cases or minor themes?			●	●		
Quality score (out of 32)	15	7	14	14	14	13

References

Ballan, M. S., & Freyer, M. B. (2012). Self-Defense Among Women With Disabilities An Unexplored Domain in Domestic Violence Cases. *Violence against women*, *18*, 1083-1107. doi.org/10.1177/1077801212461430

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77-101. doi.org/10.1191/1478088706qp063oa

Crocker, A. G., Mercier, C., Allaire, J. F., & Roy, M. E. (2007). Profiles and correlates of aggressive behaviour among adults with intellectual disabilities. *Journal of Intellectual Disability Research*, *51*(10), 786-801. doi.org/10.1111/j.1365-2788.2007.00953.x

Department of Health (2011). *Positive Practice, Positive Outcomes: A handbook for professionals in the Criminal Justice System working with offenders with learning disabilities.* London: Department of Health.

Dixon, J., & Robb, M. (2015). Working with women with a learning disability experiencing domestic abuse: how social workers can negotiate competing definitions of risk. *British Journal of Social Work, 1,* 1-16. doi.org/10.1093/bjsw/bcu149

Dixon, L., & Graham-Kevan, N. (2011). Understanding the nature and etiology of intimate partner violence and implications for practice and policy. *Clinical psychology review*, *31*(7), 1145-1155. doi.org/10.1016/j.cpr.2011.07.001

Emerson, E., & Roulstone, A. (2014). Developing an evidence base for violent and disablist hate crime in Britain: findings from the Life Opportunities Survey. *Journal of Interpersonal Violence, 29,* 3086-3104. doi.org/10.1177/0886260514534524

Henning, K., Jones, A., & Holdford, R. (2003). Treatment needs of women arrested for domestic violence: A comparison with male offenders. *Journal of Interpersonal Violence, 18,* 839-856. doi.org/10.1177/0886260503253876

Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., . . .Officer, A. (2012).

Prevalence and risk of violence against adults with disabilities: A systematic review

and meta-analysis of observational studies. *The Lancet*, *379*, 1621-1629.

https://doi.org/10.1016/s0140-6736(11)61851-5

Howell Major, C., & Savin-Baden, M. (2010). *An Introduction to qualitative research*

synthesis. London: Routledge.

Lee, L.L., & Carson, A. (2012). Intimate violence in a specialist college setting: can students

with learning difficulties manage themselves? *British Journal of Learning Disabilities,*

42, 8-18. Doi: 10.1111/bld.12004

Marchetti, A.G., & McCartney, J.R. (1990). Abuse of persons with mental retardation:

characteristics of the abused, the abusers and the informers. *Mental Retardation, 28,*

367-371. doi.org/10.1352/0047-6765(1998)036<0465:cacipr>2.0.co;2

McCarthy, M., Hunt, S., & Milne-Skillman, K. (2015). 'I know it was every week, but I can't

be sure if it was every day: Domestic violence and women with learning disabilities.

Journal of Applied Research in Intellectual Disabilities, 1-15,

https://doi.org/10.1111/jar.12237

Nabuzoka, D. (2003). Teacher ratings and peer nominations of bullying and other behaviour of

children with and without learning difficulties. Educational Psychology, 23, 307–321.

NICE (2015) Challenging behaviour and learning disabilities: prevention and intervention for

people with learning disabilities whose behaviour challenges. Retrieved from

https://www.nice.org.uk/guidance/ng11

Nosek, M.S., Howland, C.A., & Young, M.E. (1997). Abuse of women with disabilities:

Policy implications. *Journal of Disability Policy Studies, 8,* 157-175.

https://doi.org/10.1177/104420739700800208

Pestka, K., & Wendt, S. (2014). Belonging: women living with intellectual disabilities and experiences of domestic violence. *Disability and Society, 29,* 1031-1045, doi: http://dx/doi.org/10.1080/09687599.2014.902358

Rose, C. A., Espelage, D. L., & Monda-Amaya, L. E. (2009). Bullying and victimisation rates among students in general and special education: A comparative analysis. *Educational Psychology*, *29*(7), 761-776.

Rose, C.A., Monda-Amaya, L.E., & Espelage, D.L. (In press). Bullying perpetration and victimization in special education: A review of the literature. Manuscript submitted for publication. Remedial and Special Education

Sabornie, E.J. (1994). Social-affective characteristics in early adolescents identified as learning disabled and nondisabled. Learning Disability Quarterly, 17, 268–279.

Siebelink, E.M., de Jong, M.D.T., Taal, E., & Roelvink, L. (2006). Sexuality and people with intellectual disabilities: Assessment of knowledge, experiences, and needs. *Mental Retardation, 44,* 283-294. doi.org/10.1352/0047-6765(2006)44[283:sapwid]2.0.co;2

Stewart, L.A., & Power, J. (2014). Profile and programming needs of federal offenders with histories of intimate partner violence. *Journal of Interpersonal Violence, 29,* 2723-2747. doi.org/10.1177/0886260514526059

Stoffelen, J., Kok, G., Hospers, H., & Curfs, L.M.G. (2013). Homosexuality among people with mild intellectual disability: an explorative study on the lived experiences of homosexual people in the Netherlands with a mild intellectual disability. *Journal of Intellectual Disability Research, 57,* 257-267 doi: 10.1111/j.1365-2788.2011.01532.x

Strickler, H.L. (2001). Interaction between family violence and mental retardation. *Mental Retardation, 39,* 461-471. doi.org/10.1352/0047-6765(2001)039<0461:ibfvam>2.0.co;2

Swift, C. Waites, E, & Goodman, W. (2017) *Perpetrators of domestic violence abuse who have an intellectual disability: A multi-service evaluation.* Manuscript in preparation

Talbot, J. (2008). *No one knows: Report and recommendations.* London: Prison Reform
Trust.

Taylor, J.L. (2002) A review of the assessment and treatment of anger and aggression in
offenders with intellectual disability. *Journal of Intellectual Disability Research, 46,*
57-73. https://doi.org/10.1046/j.1365-2788.2002.00005.x

Taylor, J.L. & Novaco, R.W. (2005). *Anger Treatment for People with Developmental
Disabilities*. Chichester: Wiley & Sons.

Tyrer, F., McGrother, C. W., Thorp, C. F., Donaldson, M., Bhaumik, S., Watson, J. M., &
Hollin, C. (2006). Physical aggression towards others in adults with learning
disabilities: prevalence and associated factors. *Journal of Intellectual Disability
Research*, *50*(4), 295-304. doi.org/10.1111/j.1365-2788.2005.00774.x

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative
research (COREQ): a 32-tem checklist or interviews n focus groups. *International
Journal of Quality in Health Care, 19,* 349-357. doi.org/10.1093/intqhc/mzm042

United Nations. (2008). *Convention on the rights of persons with disabilities.* Available from
http://www.un.org/disabilities/convention/conventionfull.shtml

Ward, K.M., Bosek, R.L., & Trimble, E.L. (2010). Romantic relationships and interpersonal
violence among adults with developmental disabilities. *Intellectual and Developmental
Disabilities, 48,* 89-98. doi.org/10.1352/1934-9556-48.2.89

Walter-Brice, A., Cox, R., Priest, H., & Thompson, F. (2012). What do women with learning
disabilities say about their experiences of domestic abuse with the context of their
intimate partner relationship? *Disability & Society, 27,* 503-517 doi:
10.1080/09687599.2012.659460

Zirpoli, T.J., Snell, M.E., & Lloyd, B.H. (1987). Characteristics of persons with mental

retardation who have been abused by caregivers. *Journal of Special Education, 21,* 31-

41. doi.org/10.1177/002246698702100204

Figure 1


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┌─────────────────────────┐
│  Records identified     │
│  through database       │          ┌────────────────────────────────┐
│  searching              │─────────▶│      Duplicated studies        │
│  (n = 202)              │          │                                │
└───────────┬─────────────┘          │ Excluded studies n = 56        │
            │                        │ Records excluded               │
            ▼                        └────────────────────────────────┘
┌─────────────────────────┐
│ Records after           │
│ duplicates removed      │
│ (n = 146)               │
└───────────┬─────────────┘
            │                        ┌────────────────────────────────┐
            ▼                        │       Records excluded         │
┌─────────────────────────┐         │                                │
│ Records screened        │         │ ▪ Not learning disability      │
│ (n = 146)               │────────▶│   population (n = 24)          │
│                         │         │ ▪ Not domestic violence        │
│                         │         │   population (n = 23)          │
└───────────┬─────────────┘         │ ▪ Participants not in          │
            │                       │   appropriate age range (n=20) │
            │                       │ ▪ Not a study (n = 37)         │
            ▼                       └────────────────────────────────┘
┌─────────────────────────┐
│ Full-text articles      │
│ assessed for            │
│ eligibility             │
│ (n = 42)                │         ┌────────────────────────────────┐
└───────────┬─────────────┘         │ Full-text articles excluded,   │
            │                       │ with reasons                   │
            │                       │                                │
            │              ────────▶│ ▪ Not learning disability      │
            │                       │   population (n = 7)           │
            │                       │ ▪ Not domestic violence        │
            │                       │   population (n = 8)           │
            │                       │ ▪ Participants not in          │
            ▼                       │   appropriate age range (n =1) │
┌─────────────────────────┐         │ ▪ Not a study (n = 20)        │
│ Studies identified from │         └────────────────────────────────┘
│ manual article sift     │
│ (n = 1)                 │
└───────────┬─────────────┘
            │
            ▼
┌─────────────────────────┐
│ Eligible studies        │
│ included in the         │
│ narrative synthesis     │
│ (n = 6)                 │
└─────────────────────────┘
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