research in practice

'Us Too' online peer-led domestic abuse program

For women with learning disabilities, autism or both

Dr Jessica Wild

December 2020

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1. Introduction

The current Coronavirus (Covid19) pandemic has meant that typical face-to-face delivery of training and learning is now far more complicated, and in some circumstances, no longer a viable option. However, there remains a pressing need for the delivery of learning and support for women with learning disabilities, autism or both[1], on the topics of sexual safety, relationships and domestic violence and abuse (DVA). This is particularly the case considering recently emerging data, discussed in the next section, which point to a significant increase in the rates and incidence of DVA during periods of national quarantine or 'lockdown'. An online peer-led program focused on relationships and DVA responds in part to this need in the absence of face-to-face provision[2].

The development and delivery of an online learning offer for women with learning disabilities, autism or both in the context of the current pandemic, provides a unique opportunity to respond to two distinct but interrelated aims salient to the interests of this group. Namely, to create opportunities for education in this area, to increase participants' understanding of relationships and DVA, as well those to improve their digital inclusion and participation. This entails equipping learners with the basic digital literacy skills to enable safe use of videoconferencing, social media and the internet. The primary objectives associated with these aims are as follows:

DVA learning objectives:

> To deliver peer-designed, survivor focused learning activities on the subject of domestic abuse awareness in an online learning environment, taking into account the additional logistical and risk factors this entails.

> To support the development and expansion of participants' knowledge and understanding of what constitutes DVA, through the lens of healthy relationships and equitable gender roles (in line with previous workshops delivered by ARC).

> To develop participants' understanding of pathways to disclosure or help-seeking, using trauma-informed methods.

Digital literacy learning objectives:

> To address barriers to digital inclusion and increase the digital access and capability among participants enrolled in the course by supporting them to develop their digital skills.

> To support participants' learning and understanding around safety online, addressing priority issues such as data and privacy online.

> To enable learners to access and utilise the basic functionalities of videoconferencing platform, Zoom.

Public health measures to curb the spread of the virus have had a profoundly damaging impact upon people experiencing DVA, and the pandemic has exacerbated existing inequalities, particularly among those with disabilities (Landes et al., 2020) and those from black, Asian and minority ethnic backgrounds (Imkaan, 2020). But it has also produced the rapid acceleration and roll out of digital technology to a greater proportion of the UK population across various sectors, including health and social care (BGS, 2020; Ní Shé et al., 2020; Shah et al., 2020; Turhan & Bernard, 2020). The learning aims and objectives of this offer harness the developments recently made in relation to the digitisation of social work practice (Hamblin, 2020) and health care amidst the pandemic, while addressing the extant risk considerations salient to the delivery of an online domestic abuse program for people with learning disabilities, autism or both.

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1 Usage throughout this document of 'learning disabilities, autism or both' reflects the preferred terminology of the commissioning organisation and of the people they work with.
2 The issue of sexual safety, while equally needed, was out of scope for this pilot project.

This document sets out the rationale for the adaptation of the ARC 'Us Too' peer-led program on DVA and healthy relationships, to an online delivery format; a program led and facilitated by women with learning disabilities, autism or both. It draws together new and emerging research regarding the impact of Covid19 upon domestic abuse incidence and prevalence, as well as practice that has emerged to respond to it. The next section addresses insights from existing research on the digital ex/inclusion of people with learning disabilities, autism or both, as well a discussion of this cohort of learners might be meaningfully included in online or remote learning activities in a manner that is responsive to their needs. Following this, is a brief overview of the risks associated with use of the internet and digital technology more generally, including those specifically related to DVA and technology facilitated abuse. The informal consultation exercise conducted with key stakeholders is then discussed, detailing participants' responses to three key questions.

The feedback obtained during the consultation process was integral to the formulation of the format and structure of the subsequent pilot program, elaborated in the next session. The pilot uses a two-stage model, grounded in a strengths-based, risk-enablement framework, which is responsive to the impact of trauma. While placing an emphasis upon safety and confidentiality at all stages, the proposed pilot delivery format seeks to create opportunities for learners to (re)build a sense of personal control and empowerment (Sweeney et al., 2019), including in online spaces (Al-Alosi, 2020). This report closes with suggestions for future implementation and potential scale-up opportunities to reach a greater number of learners.

2. Background

The Coronavirus (Covid19) brings significant implications for people living with domestic abuse, particularly women and children (Davidge, 2020), and has worsened existing gender inequalities (Wenham et al., 2020). This coheres with research on previous disease outbreaks, natural disasters and humanitarian crises, which indicate that domestic abuse and sexual violence against women tend to increase during and after these types of events (Dominelli, 2015; Maglajlic, 2019; Reese, 2004). Indeed, worldwide, rates and incidences of DVA and sexual violence have increased significantly. In the UK, statistics released by Refuge indicate at least a 50% increase in calls to its domestic abuse helpline during the first 'lockdown', with visits to the helpline website showing a 950% increase (Refuge, 2020). Similarly, Women's Aid reported a 41% increase in the organisation's live chat service when the first quarantine was imposed (Women's Aid, 2020c).

The pandemic has severely compromised service providers' abilities to respond to and intervene in domestic abuse in the current climate (Johnson et al., 2020; Women's Aid, 2020a). It has also had a significant effect on victim-survivors, further curtailing already limited opportunities for help-seeking and leave-seeking, as many have been mandated to remain in homes with abusers during long periods of nationally imposed quarantine (Davidge, 2020; Gunby et al., 2020; Imkaan, 2020; Johnson et al., 2020; Moreira & Pinto da Costa, 2020; Piquero et al., 2020; Roesch et al., 2020; Wenham et al., 2020; Wilcox et al., 2020; Women's Aid, 2020b). While online access has provided resources for some people during these lockdowns, many have encountered real challenges with accessing the technology, as discussed in the next section.

2.1 Digital ex/inclusion

The outbreak has brought into sharp focus the UK's 'digital divide' (Duplaga, 2017; Serafino, 2019; Vicente & López, 2010) exposing the scale of the UK's digital exclusion as 1.9 million households have no access to the internet, and 25.9 million more rely upon costly pay-as-you-go data services (Serafino, 2019). Learning disabled people are overrepresented within this proportion of 'digitally excluded' and are known to have lower levels of digital access, internet use, and a more restricted breadth of use than both non-disabled people and other groups of disabled people (Chadwick, 2019). Emerging research suggests that this digital divide is shrinking as people with learning disabilities, autism or both, are increasingly using their own devices – primarily smart phones and tablets – to access the internet in everyday settings (Alfredsson Ågren et al., 2020; Chiner et al., 2017; Gomez et al., 2017). Young people with learning disabilities in particular, report increased usage of smartphones for social and gaming activities in comparison to non-learning disabled young people (Jenaro et al., 2018; Ofcom, 2015). Research also indicates that people with learning disabilities, autism or both are increasingly using social networking sites such as Facebook to form meaningful relationships as well as to supplement face-to-face interactions (Holmes & O'Loughlin, 2014). In the current circumstance of the pandemic, these devices could assist those who are usually reliant on other people for social engagement or attending appointments, as well as those who experience social anxiety or isolation.

But while people with a broad spectrum of disabilities are increasingly motivated to access and engage with digital and internet technologies (Caton & Chapman, 2016), particularly during the pandemic, it remains the case that learning disabled people are least likely to access or receive the full benefits of the internet (Heitplatz, 2020). This signals a further 'digital divide' among different groups of disabled people (Dobransky & Hargittai, 2006) which underpins a complex range of digital choices, abilities and learning needs (Tsatsou, 2020). There are also various factors influencing how people with learning disabilities, autism or both, use the internet and online learning. The most frequently addressed in the literature are those of accessibility (Caton & Chapman, 2016; Chadwick, 2019; Chiner et al., 2017; Heitplatz et al., 2019), along with divergent levels of digital literacy (Heitplatz, 2020; Moisey & van de Keere, 2007). Research strongly substantiates the advantages of offering digital literacy training and structured support to people with learning disabilities, autism or both, to overcome these barriers; a need that has been starkly emphasised in the current context of Covid19 (Annaswamy et al., 2020; Pak, 2020; Wilcox et al., 2020; Zaagsma et al., 2020).

The internet affords people with learning disabilities, autism or both, unique opportunities for social inclusion, access to information, social participation, as well as continued learning, particularly in the current context of Covid19. Research demonstrates that this diverse group of people can and do learn how to use digital technology when given the opportunity and adequate support to do so in a manner that is responsive to their needs (Heitplatz, 2020; Heitplatz et al., 2019; Holmes & O'Loughlin, 2014; Li-Tsang et al., 2006; Seale & Chadwick, 2017). Digital literacy and inclusion also greatly improves when assistance is available from caregivers or supporters (Näslund & Gardelli, 2013). Tandem learning (Heitplatz, 2020) therefore provides a model for safely managing the implementation of an online domestic abuse learning offer while also fostering digital participation, as discussed in the next section.

2.2 The role of in/formal 'supporters' and caregivers

Delivering online material differs significantly to face-to-face delivery and it is not the case that face-to-face material will naturally translate to an online environment. In the case of the intended audience for this learning as well as due to the nature of the content, there are additional barriers to participation associated with online safety, digital connectivity and skills which require the provision of additional training and support so that the learning is a safe and an enabling experience (Chadwick & Fullwood, 2018). The social environment of people with learning disabilities, autism or both (parents, friends, in/formal care givers, supporters) constitutes a core component of facilitating learning disabled peoples' engagement with digital technology (Chadwick et al., 2017; Chiner et al., 2017; Heitplatz et al., 2019; Näslund & Gardelli, 2013; Seale, 2014), and is a vital aspect in the delivery of remote learning for people with learning disabilities, autism or both (Heitplatz, 2020).

In the context of an online delivery, caregivers or supporters require the necessary digital skills themselves, to support people with learning disabilities, autism or both, when embarking on an online course such as the one proposed. If these skills are lacking, research substantiates the benefits of providing training for supporters and caregivers alongside the training delivered to people with learning disabilities, autism or both to acquire the requisite skills (Heitplatz et al., 2019), including to enable informed decision-making among the people they support (Bigby et al., 2019)[3].

In the context of DVA awareness raising program, the importance of ensuring the provision of a dedicated support-person is further emphasised when considering the safeguarding and risk factors associated with exploring material pertaining to DVA among this cohort of women, as discussed in the next section.

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3 The brief digital skills training offered for caregivers or supporters, would not replace, but rather complement, any statutory training required within the particular settings learners are situated. This includes training around mental capacity as well as reasonable adjustments under The Equality Act 2010, where applicable.

2.3 Online support and interventions for domestic abuse

In recent months, many specialist domestic abuse providers have worked to locate ways of retaining some of the elements of their community-based and (peer) support activities (Women's Aid, 2020c), despite the restrictions around face to face work (Imkaan, 2020). While online support and learning do not replace the benefits of face to face support, they can enable people to remain socially connected and engaged with providers. These types of activities can also function to counteract the negative impacts of isolation (Al-Alosi, 2020; Shah et al., 2020) which have become more acute due to Covid19 and which are particularly keenly felt by people with additional health, care or support needs (Annaswamy et al., 2020; Landes et al., 2020).

While there is some research evidence regarding online interventions and information for those experiencing DVA more generally (Rempel et al., 2019; Sorenson et al., 2014), there is little to no research regarding the provision of online support or learning on the subject of DVA, for people with learning disabilities, autism or both. However, more recently, evidence has emerged regarding the substantive advantages of online or 'remote' support for people with learning disabilities, autism or both, when living independently in the community during the Coronavirus outbreak (Zaagsma et al., 2020). This has included projects using Facebook (TLAP, 2020), YouTube, Zoom (Trust Links, 2020) and hosted virtual sessions on local authority designed platforms (Digital Choices, 2020). This is coupled with evidence to substantiate the key role an allocated supporter occupies (as discussed in the section prior), to assist people with learning disabilities, autism or both, to participate in support group activities of different types (Alqahtani & Schoenfeld, 2014; Anderson & Bigby, 2020; Peckham et al., 2007).

A shift to online learning and the digitisation of course materials therefore encompasses not only technological but also social transformation which calls for the digital 'up-skilling' of people who are in receipt of services, as well as among those working in services or those involved in promoting the participation of people with learning disabilities, autism or both (Heitplatz, 2020). Notwithstanding the benefits, it is also important to recognise the risks associated not only with the use of the internet, but also those associated with participation in a DVA program, elaborated in the next section.

3. Safeguarding and Risk

The risks associated with the delivery of this online program are two-fold, and relate firstly to the potential safeguarding concerns and harms associated with the use of the internet and online videoconferencing platforms, and secondly, those associated with engagement in a program that addresses DVA more generally. The risks associated with internet use can be loosely conceptualised in the following way[4]:

> **Conduct**: engagement in anti-social behaviour in relation to the internet (illegal downloading, uploading sexually inappropriate pictures, addictive or compulsive online behaviour)

> **Contact**: negative online contact (personal information being stolen, grooming, bullying, stalking, surveillance, sexual exploitation)

> **Content**: exposure to harmful, manipulative or exploitative content (harmful sexual content, imaged-based sexual abuse (Maddocks, 2018; Mcglynn et al., 2019), extremist or racist content, 'fake news', marketing schemes or 'hidden costs').

Combined with the above, is the rapidly emerging issue of technology facilitated domestic abuse and coercive control (Dragiewicz et al., 2018; Henry et al., 2020; Patel & Roesch, 2020; Snaychuk & O'Neill, 2020; Todd et al., 2020; D Woodlock, 2017; Delanie Woodlock et al., 2020). Facilitating digital participation for learners that may be in a relationship with an abusive partner, could therefore inadvertently increase the possibilities for perpetrator digital coercive control or surveillance. This emphasises the value of incorporating digital safety during the early stages of this learning offer, so that learners and their supporters understand the measures they can put in place to protect themselves.

In so doing, research indicates the importance of establishing a balance between positive risk taking and 'overprotection' (Salmerón et al., 2019) because the perceived risks of 'going online' for this group are often over-stated (Chadwick, 2019; Heitplatz, 2020; Seale & Chadwick, 2017). This is, however, coupled with the need to negotiate the tension between mental capacity and the right to a private life and correspondence until Article 8 of the Human Rights Act (1998). A risk-enablement framework (Seale et al., 2013; Seale & Chadwick, 2017) is therefore useful when considering how the risks associated with the online delivery of the program might be implemented. Understood in the context of a strengths-based, human-rights informed practice which enables people with learning disabilities, autism or both to have greater control over their lives, a positive-risk taking framework makes central the shared decision-making and negotiation between people with learning disabilities, autism or both and the people that support them (carers, social workers, personal assistants etc.) (Seale, 2014; Seale & Chadwick, 2017). Where the risks are perhaps more challenging to respond to, are those associated with the course content regarding DVA as well as those of technology facilitated DVA, discussed in the next section.

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4   Updated and adapted from models developed during the EU Kids Online Survey 2011 and 2020 (Livingstone et al., 2011; Smahel et al., 2020).

3.1 The challenges of DVA 'remote' learning

There are specific complexities associated with participating in an online program about DVA, particularly for women with learning disabilities, autism or both. The limited research available regarding the provision of support for learning disabled women around domestic and sexual violence and abuse indicates that this cohort of people requires substantial amounts of preparatory work and support over an extended period of time, to fully explore the meanings of sexual or domestic violence and abuse, as well as to disclose their experiences or access help (Fraser-Barbour et al., 2018; Peckham et al., 2007).

As such, taking part in a brief online learning package regarding domestic abuse could place learners who have experienced, or are still experiencing DVA, at risk of (re)traumatisation or elevated risk from a perpetrator (McCarthy et al., 2019). The fact that they are learning remotely also elevates the risk that any potential violence or abuse taking place where the learner is living, remains undetected (Al-Alosi, 2020). Content addressed during the program could also generate disclosures of (present or historic) abuse, or it may serve as a potential 'trigger' for the reawakening of past traumas (Paper Dolls Research Group, 2019). Both are far harder to respond to when learners are working remotely. It is therefore crucial that any negative consequences of taking part in the program, are identified as early as possible, and the learner supported; this may require additional work and intervention with the learner, after the program has ended. Further, any disclosures of abuse should be responded to in a manner that is inclusive and trauma-informed (Howlett & Danby, 2007; Paper Dolls Research Group, 2019; Peckham et al., 2007). In addition, research substantiates the benefit of establishing clear pathways for help-seeking and support, prior to the project commencing (Thiara et al., 2011), in the event that disclosures of abuse are made during the program.

The requisite presence of an in-person supporter as discussed above would partly respond to these concerns, so long as the necessary training and assessment or screening is carried out prior to commencement of the activity (discussed further in Section 6). Nominated supporters or caregivers can also offer a degree of emotional support for learners, and can help to facilitate help-seeking as well as safer engagement with the program content (Peckham et al., 2007).

In the next section, the informal consultation process will be discussed. In this, concerns and risks associated with the project are elaborated through the lens of key stakeholders in the project, including the peer-educator team.

4 Consultation

The primary purpose of this short informal consultation process was to briefly capture key stakeholder opinions regarding the adaptation of the face-to-face domestic abuse workshop, to an online delivery format. This entailed understanding the barriers or concerns people envisaged regarding the proposed online delivery format, as well as those associated with the digital technology required to run the program remotely.

Versions of the following questions were asked during the consultation meetings:

1. What do you think about the conversion of the course to an online delivery? What concerns, if any, do you have about moving to an online delivery?
2. How do you feel about supporting other learners both with tech issues, as well as with the content about DVA and relationships, using an online platform? (This includes responding to potential disclosures of abuse) (Question for peer-educator team only).
3. What do you think about the proposed online format?[5]

In total, 9 people participated in the informal consultation process, this included five members of the peer-education team; 4 took part in a group meeting, and 1 person participated with the support of her parent in a separate meeting. In addition, 4 providers took part, including 1 in a school setting, 1 in community services, and 2 in a specialist women's organisation. Direct quotations from the peer-educator team have been included with consent. Themes emerging from the consultation are outlined below, with feedback from the peer-educator team discussed first, followed by feedback from the provider stakeholders.

4.1 Question 1

What do you think about the conversion of the course to an online delivery? What concerns, if any, do you have about moving to an online delivery?

> *"How can we keep it private, what the other person is saying to us? When we're doing the training how will you be able to keep it private?"*

> *"That's the most important [privacy], and the most challenging we have [...], doing this piece of work by the internet and Zoom, because we can't do face to face [...] for the foreseeable future this is how it's gonna have to be. So, really, it's how to keep the trainers safe, and people who are supporting the trainers, and also the people we are training as well. That is very important. And I'm not sur...I know you can get lots of privacy settings on things, and all this lot, but yeah, it's very complicated online, and I'm not sure how you can go about it. There must be a way, but I'm not sure."*

> *"I don't think we all know very much; this is all very new to us."*

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5   Participants were given a verbal overview of the proposed format, and then asked what they thought about.

Confidentiality and privacy

Team members expressed concerns regarding privacy and confidentiality first and foremost, citing this as their biggest concern associated with moving the project online. It was important for them to ensure that any information shared during the workshops would remain private and within the confines of the group, with several expressing uncertainty regarding *how* it is possible to keep information private online. One person suggested banning any recording of the sessions, in order to avoid distribution of the material which would in part, address the risks discussed above, associated with technology facilitated or image-based abuse.

> "[W]e're used to doing it ourselves, and [ARC staff] taking a back seat, so that's been a challenge, to know how we can do that...how we can, how we can be more, more independent in that way [when delivering online].

Facilitation and control over the session

Discussion during the consultation meeting indicated that the transference of the course to an online environment may mean that a certain amount of control, at least in the beginning stages, could be 'lost' as some peer-educators felt less confident or able to facilitate a session online. The concerns expressed here corroborate the need to ensure that peer-educators are provided adequate training to preserve their role as peer-facilitators, with minimum input from paid members of ARC staff.

Equipment and Wi-Fi connectivity

The peer-educator group had varying levels of skill when using digital technology, ranging from highly proficient to requiring significant support to carry out core tasks, but they all communicated concerns about the technology itself. These were associated with a lack of physical equipment available to them to access the internet and to participate in online meetings using platforms such as Zoom[6]. This concern extended to a lack of items such as a suitable chair, desk or other furniture adaptations, in order to take part. In addition to hardware, there were also concerns regarding poor internet connectivity, with one team member discussing the fact that she travelled to her parent's house to use the internet because her connection at home was slow, inconsistent and unreliable. Her concerns regarding internet provision were echoed across the group, as well as among the practitioners involved in the meetings.

4.1.1   Feedback from the provider stakeholders

Providers discussed the value of ensuring that the program remained peer-led as far as possible; in switching to an online space, they were keen to ensure this aspect was retained, while also putting measures in place to support the peer-educators and learners to participate safely.

Providers in school settings discussed the fact that there was existing infrastructure in place to allow learners access to the internet and hardware so that they could participate. For providers operating in the community, this presented more of a barrier as learners would likely encounter some of the challenges communicated by the peer-educator team such as unreliable connectivity or a lack of adequate hardware. People who do not have personal IT equipment or access to it either through a project or residential setting would be excluded from participating in this particular program.

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6 This issue was resolved through the provision of hardware for any team members who required it, thanks to additional funding being made available.

Notwithstanding these concerns, the introduction of an online platform to deliver the learning, was seen as bringing added value and understood as a good opportunity to broaden the skillsets of the learners engaged in the process. There is, however, a huge diversity in terms of digital skills among people with LD, with a broad range learning needs. When delivering the learning, providers discussed how this diversity of need would need to be assessed prior to the workshops commencing so that learners have the best possible chance of meaningful participation.

4.2 Question 2

How do you feel about supporting other learners both with tech issues, as well as with the content about DVA and relationships, using an online platform? This includes responding to potential disclosures of abuse (question for peer-educator team only).

Support 'at a distance'

"I think we could support them [the learners] up to a point, and then after that point, they would have to go to someone else [dependent on what they need]."

"I think it's more difficult, on Zoom, is the support, but I think, we could do it, if they had someone there, cause when we're doing it in person, [...] they had their support people there, most of the time, so they could talk to them after, or talk to us personally if they had any troubles. But it is a bit more difficult, obviously, online. We're nowhere near each other. So that's a difficulty."

"We used to say, if you need to go out the room, or have time out, [...] just let us know, and then you can have time out and come back again. We can't always facilitate that if we're over Zoom; it's that sort of problem".

In response to this question, the peer-educator team drew a clear distinction between the provision of support for learners around using the digital tech, and any support associated with the DVA content of the program. This extended to a discussion around the management of any disclosures, including those made by the team members themselves, and the intersecting issues of privacy and confidentiality within the context of an online meeting. The team also reiterated that they would want to continue to have access to counselling or clinical supervision in the event they too felt distressed by the sessions.

While the team were fairly confident that they could provide assistance around the technology providing they had been given training, they acknowledged the complexities and limitations of seeking to support learners around the DVA content, 'at a distance.' They discussed that while they would seek to use the same protocols they would typically deploy in a face-to-face context such as onward referral to a member of staff, the efficacy of this is severely reduced when it is not possible to be physically present with the person concerned. In response to these difficulties, the team went on to discuss the possibility of ensuring that the learner had someone physically present in the room. This aligns with the feedback from providers, and is substantiated in the research as a necessary component for this type of program with learning disabled people. For some peer-educators, the lack of physical interaction also increased the difficulties associated with identifying signs of distress, as discussed in the next section.

> *"It's mainly being able to make sure everyone's still paying attention, everyone's ok, and knowing when someone needs the support. Granted if we're going to have the support in the room, then we don't need to worry quite so much. But if we can see someone really needs time out, and we're just carrying on, and it's really badly affecting them, how we can deal with stopping for a minute, letting them have their time, and then carrying on".*

Recognising and responding to signs of learner distress

The group spoke about the risk of learners becoming upset or distressed by the content of the program. Concerns were raised by some of the team members regarding the fact that they felt less able to recognise signs of distress in learners in circumstances where they were not coping with the content, and emphasised that they would require additional support to respond to these concerns. The difficulties associated with identifying and responding to signs of emotional distress are further complicated in circumstances where the connectivity is poor, inconsistent, or the quality of the image is reduced. These same concerns were echoed by the specialist providers during the consultation, as discussed in the next section.

4.2.1 Feedback from provider stakeholders

Stakeholders from women's specialist organisations echoed several of the concerns voiced by the peer-educator team in relation to the management of risk and disclosure of potential abuse as well as emotional distress. While the presence of an in-person supporter was seen to mitigate some of the risk associated with remote learning, specialist providers identified the concomitant need to support and train the supporters, given they may be unable to confidently or appropriately respond to disclosures of abuse. Participants from school settings further corroborated the need to ensure that a member of staff was present in the room with learners during the workshops, while also ensuring that they have the 'right tools' to respond to the disclosures. Together, these substantiate the benefits of tandem learning discussed earlier, for both the learners and their supporters. There is also a need for the provision of clear guidance around safe-enquiry[7] and the management of any disclosures of abuse. The principles and process of safe-enquiry in the context of an online environment are particularly complex as it is far harder to verify that the learner is in a safe environment, away from the perpetrator, able to make a disclosure freely, and so forth.

The stakeholder group also expressed concerns regarding the potential for some learners to be living with abusers, thereby accentuating the need to ensure that there is a robust pre-course assessment in place to evaluate the living arrangements and relationships of the learners concerned, as far as possible. The complexities associated with the process of safe-enquiry in this context, would also need to be addressed to ensure that prospective learners' safety and wellbeing is prioritised.

The potential for 'triggering' of past events, including childhood abuse which may or may not have been disclosed, represented another key concern for specialist providers. In order to respond to this concern, the possibility of establishing clear trauma-informed 'ground rules' for when a learner was distressed, were presented as a possible solution; this would include creating opportunities for learners to receive one-to-one support during sessions when/if they felt unable to continue.

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7 'Safe-enquiry' in this context refers to the process of asking about violence or abuse and responding to any disclosures in a manner that ensures the safety of both the enquirer and the victim-survivor. This includes ensuring that the alleged perpetrator is not, or will not become aware of the enquiry (Department of Health, 2013; Lewis & Williams, 2015).

Specialist providers discussed the extent to which physical contact has historically occupied a central role in the provision of immediate emotional support during these types of sessions. Replicating this physicality and immediacy is a significant challenge, however, providers acknowledged that the availability of a clinical supervisor, along with an in-person supporter, would go some way to address this concern (discussed further in the next section).

4.3   Question 3

What do you think about the proposed online format?

> *"The lockdown has taught me about Zoom, I'm quite confident on Zoom now."*

> *"For timing and easiness for us, maybe, putting it on Zoom, would be beneficial."*

> *"I still don't feel 100% safe, I prefer to have somebody sat beside me."*

> *"How we could we be more professional, and know how to do things on our own, on the Zoom; that would be helpful for us."*

Digital tech skills and competency

Team members felt that the proposed model would be appropriate for the delivery of the online program. They were generally enthusiastic about the prospect of expanding their skills and understanding of the use of digital tech, particularly in relation to applications such as *Zoom,* which was unanimously the preferred platform. Some team members also discussed how they would continue to require in-person support throughout the session to facilitate the learning, as well as to feel comfortable with the process given how the use of online platforms increased existing anxieties for some members of the team.

> *"When we started doing Zoom with our training...I think, yes, it's tiring anyway, because you've got to talk about different things, but I think, it was more [tiring] and because some people are on their own [...]...Now that we've got used to it, it's not so tiring, but I think it could be more tiring, than actually doing it face to face. Because we used to have breaks every half an hour".*

> *"I might it difficult to talk for that long."*

> *"Small breaks would definitely be needed. I know for autistic people at least, it's really hard to concentrate for hours at a time on a PC".*

Shorter sessions with frequent breaks

The peer-educator team felt that the proposed format of 3 shorter sessions, rather than 1 long session, would better fit their needs as well as those of learners, with some stressing the need for these sessions to be accompanied by frequent breaks. This feedback coheres with emerging findings regarding the most effective way to deliver online learning using platforms such as Zoom, and aligned with the feedback from providers, as outlined below.

"The two trainer thing, it's good, because you can support people with what they're good at. Some people are good at the tech, some people can't read very well".

"When we do it person, we do two trainers at a time, and I think we should carry that on."

Paired facilitators

The peer-educator group discussed how they had previously used a type of paired-learning, whereby people are matched according to their levels of skill and ability. They were keen to ensure that this arrangement continued in the online space.

"So if we say to them – put them in a contract or something – could [they] have a support worker with them, at the time of the training, or a person they feel comfortable with?"

Learners to be assisted by in-person supporter

In discussing the challenges associated with an online learning format, the peer-educator team also presented solutions which entailed ensuring that there was a support worker or person the learner felt comfortable with, present in the room. This formulation coheres with the research outlined earlier, and substantiates that it is an approach the group would feel able to implement themselves.

4.3.1 Feedback from provider stakeholders

Echoing the peer-education team, providers similarly felt that the presence of a supporter was necessary for the delivery of the program given the difficulties associated with identifying whether someone is in distress, unlike in a face-to-face delivery, as well as to ensure that any negative consequences caused by participation, are responded to. In contrast, one community based provider felt that the requirement of a nominated support person would represent a barrier to participation for the people their organisation supported, given they support people living independently in the community.

However, specialist providers in particular, felt that in the absence of this in-person support, the learner should be excluded from the program. While acknowledging the complexities associated with exclusion on these grounds, they felt it was necessary to ensure the safe delivery of the program – a pre-requisite further emphasised in the context of learners not situated in schools. School providers similarly supported the presence of staff during the sessions and felt that this was achievable within the context of their own school.

Feedback from school providers underscored the importance of foregrounding individual learner need, including within the context of reasonable adjustments, to achieve positive learning outcomes. They felt that the proposed format of multiple, shorter sessions would be easier to fit into the school day, around existing timetables, than one much longer session. As regards to the length of individual sessions, other providers felt that 1 hour sessions were not viable, if frequent breaks and support activities were to be taken into account. Instead, they suggested longer sessions, 'book-ended' by a combination of 'ice-breaker' and grounding and mindfulness exercises, such that there is no more than an hour of directed, DVA content, and combined with frequent breaks. This format offers greater opportunities for participation and rapport building among the group and enables facilitators to better monitor learners' progress and wellbeing during the session.

Specialist providers also strongly endorsed the proposed use of a pre-enrolment assessment as part of the model for the pilot delivery. This assessment would entail an evaluation of learner need, digital competency as well as the nature of any relationships and understanding of the course content. The challenges of carrying out pre-assessments within the relatively short time period of this particular project were also highlighted. In addition, some providers discussed the need to assess the learner's willingness to use a videoconferencing platform such as Zoom, given the specific complexities associated with seeing oneself on the camera, for example, which for some people may present a barrier.

5. Key points from the consultation

There was a strong alignment between the concerns and considerations raised by both the peer-educator team and the providers. The peer-educator team communicated clear ideas about what they required to make the online delivery a success, while also offering solutions to meet some of the challenges and concerns they identified regarding the shift to an online space. As such, they emphasised the importance of ensuring that the support and training they received in advance of delivering the program, was responsive to their individual needs. Indeed, this group itself was a clear example of the diversity in terms of learning need among people with learning disabilities, autism or both, and substantiated the importance of ensuring that digital inclusion methods are as varied as the people they are designed for.

Contributions from all people in the consultation strongly substantiated the need for there to be good training for the peer-educator team as well as for their supporters, in advance of the online delivery commencing. This would enable them to facilitate the session with confidence, and to assist them to take a lead as they would have done during an in-person workshop. There was also consensus among the group that the presence of a member of the ARC team, would remain necessary, and in line with the arrangement used during the face-to-face delivery.

In order to manage the potential risks associated with the delivery of this online program and to ensure that the safety and wellbeing of learners is made paramount, there is a need for a nominated support person to be present in the room with the learners concerned. This was a model for delivery that was strongly supported by both the peer-educator team and the stakeholders concerned. In addition to this support, it was felt among providers, that the proposed pre-assessment work is similarly necessary to evaluate any potential risks, as well as to ensure that the learning offer is appropriate and safe for the learner concerned. While this assessment work is complex, and may generate the need for further intervention or sign-posting, it remains necessary, particularly in the current context.

6. Summary

> **Digital technology:**
>> - Adequate hardware, software and connectivity for learners and peer-educators to be in place or made available, prior to commencement of the workshops.

> **Confidentiality and privacy:**
>> - Secure data management, confidentiality and privacy to be established during session. Managing privacy within online or 'virtual' environments to be included in the digital safety content and to be reflected in the relevant organisational policy and procedure.
>> - Established procedures for the secure and appropriate storage or any workshop materials, to facilitate safety of learners, particularly in circumstances where they may be in contact with the perpetrator.

> **Safeguarding and good risk management:**
>> - Clear organisational policy to respond to, and manage any (emergent) safeguarding concerns associated with participation in the workshops.
>> - Activity risk to be assessed prior to commencement of the workshops, as well as on an ongoing basis.

> **Format for delivery:**
>> - Zoom is the preferred platform for delivery.
>> - 'In-person' in/formal supporter or carer (nominated 'trusted person'), to be physically present during all sessions.
>> - Workshops to be delivered to single-gender groups and at this stage, limited to women, girls and non-binary individuals.
>> - Delivery to take the form of multiple, short online sessions with frequent breaks during each session, combined with regular opportunities for 'check-ins' and 'debriefing' during the sessions.

> **Pre-course commencement:**
>> - Pre-enrolment assessment to be conducted with all learners, consisting of (part 1) evaluation of adequate digital hardware and software and availability of 'trusted person' or supporter, and (part 2) supporter mental capacity to engage with the learning, digital literacy, risk assessment, and learner understanding of content and nature of course.

> **Post-course completion:**
>> - Post-course learner 'check-in', debrief and onward referral, where necessary. There are also opportunities for course evaluation at this stage, following completion.

> **Training for peer-educators:**
>> - To include, online safety awareness, advanced Zoom skills, and the identification of, and response to signs of learner distress.

7. Suggested outline for 'pilot' delivery

The following were identified during consultation as necessary components of the pilot delivery:

Goal	To safely deliver an online learning program to women with learning disabilities, autism or both on the topic of domestic violence and abuse (DVA) and relationships. To be delivered in a manner that is responsive to this groups' learning needs as regards to digital literacy and inclusion, while also managing the specific risk implications of delivering DVA awareness workshops remotely.
Learning objectives	**DVA learning objectives:** > To deliver peer-designed, survivor focused learning activities on the subject of domestic abuse awareness in an online learning environment, taking into account the additional logistical and risk factors this entails. > To support the development and expansion of participants' knowledge and understanding of what constitutes DVA, through the lens of healthy relationships and equitable gender roles (in line with previous workshops delivered by ARC). > To develop participants' understanding of pathways to disclosure or help-seeking. **Digital literacy learning objectives:** > To address barriers to digital inclusion and increase the digital access and capability among participants enrolled in the course by supporting them to develop their digital skills. > To support participants' learning and understanding around safety online, addressing priority issues such as data and privacy online. > To enable learners to access and utilise the basic functionalities of videoconferencing platform, Zoom.
Impact and outcomes	> Improved awareness of DVA based upon what constitutes a 'good'/healthy relationship, in contrast to a 'bad'/unhealthy relationship. > Improved digital literacy and inclusion among some of the most digitally excluded people in society, and to embed the longer term benefits of safe and informed digital inclusion, long after the completion of the program. > Increased personal assertiveness, confidence, and decision-making, including in the context of intimate relationships and online engagement.

Intended participants	The proposed program is designed for up to **8 people with learning disabilities, autism or both** who are;
	> resident in a supported living or residential care setting OR, > resident in the community but with care provision or support in place, OR > Students at the same school or college. Careful organisation of participant groups according to learner need will be required, as different participants will respond to different digital platforms in different ways. **Allocated supporters or 'trusted person'** Leaners enrolled on the course should be asked to provide the name of a 'trusted person' or supporter who will support them for the duration of the course; this could be a formal care giver, support worker or a family member for example. The 'trusted person' should be invited to participate in an online digital skills session if they do not already possess an up-to-date knowledge of digital platforms including those preferred by the participants such as Facebook, Snapchat, Whatsapp, Instagram etc. This session should also include a discussion regarding how to respond to any emergent issues or risk concerns during the course of the program, including a discussion of what to do if/when there are disclosures of abuse. This basic training for care givers/supporters could be designed and delivered by the 'Us Too' team, prior to the commencement of the second stage of delivery, which is conducted with the learners themselves. This could be accompanied by a set of basic peer-designed good practice guidelines around how to support the learners for the duration of the online course. This arrangement may be more successful if all participants are situated within the same setting (such as a school), or in receipt of the same support services such as from a Community learning disabilities team or community mental health team, as this would enable the swift and effective online delivery of training to staff members or nominated 'trusted persons'.

Required resources and designated platform	The provision of a smartphone, tablet or laptop which is up-to-date and Wi-Fi enabled would be necessary for completion of this online course, along with internet access or wifi dongle. The digital platform used to deliver this online program should be determined by the peer-educator team and prospective participants (if possible). It may therefore be useful to conduct a short telephone consultation, with the support of carers if necessary, to establish what device participants would prefer to use.
Pre-commencement procedures: Pre-enrolment, assessment, and participant screening	A standardised assessment at the point of enrolment would be beneficial to evaluate levels of (potential) risk, mental capacity to engage in the learning, the digital competencies of the learner as well as their understanding of the course itself. Prospective learners could also have a conversation with a course facilitator to discuss what the course will entail; this could serve as a mechanism to gauge understanding but also to understand whether there may be any risk issues. The pre-enrolment assessment and screening tool will be designed and delivered by the ARC team. Referral pathways and links with adult safeguarding teams and specialist domestic abuse services should also be in place from the outset to ensure that any disclosures or concerns around participant safety are managed and appropriately responded to within the context of a trauma-informed framework of care and support (see Lewis & Williams, 2015). The usual procedures around information disclosure, confidentiality and safeguarding remain salient in the context of an online course, and should be discussed with participants at the beginning of the course as per usual organisational procedure. In addition to an assessment of the learner, steps should be taken prior to commencement of the program to ensure that the nominated supporter is a 'safe' contact, with no history or association to a perpetrator of abuse. This issue could be explored while doing the initial risk assessment upon enrolment onto the course. If the level of risk is deemed too high, such as in circumstances where the learner is living with a perpetrator, the course would not be appropriate, and referral to alternative support and safeguarding may be necessary. This risk assessment should be conducted alongside a basic evaluation of the supporters existing digital literacy skills.

Delivery format	**4 sessions of 2 hours, with no more than 1 hour of DVA learning content, coupled with activities such as ice-breaking exercises, mindfulness segments, and grounding techniques.** **Session 1:** Digital literacy – would be delivered using a combination of online tutorial videos along with interactive sessions conducted by the 'Us Too team. It is at this stage that the 'trusted person' could attend the 'tandem' digital literacy course, along with guidance around disclosure etc. **Session 2:** Healthy relationships and DVA content – to be delivered via a video conferencing platform (such as Zoom, Teams or Skype, dependent upon what is preferred by participants). **Session 3:** Continuation of content on DVA and relationships. **Session 4:** 'Mop up', closure and debrief to discuss any residual issues, concerns as well as where to go to get more help. Signposting to relevant agencies and referral pathways. **Post-course follow-up call and 'check-in'** to be conducted by ARC team, with the support of specialist providers where possible.
	Suggested format for sessions based on feedback from consultation: - 20 mins 'ice-breaker' and 'check-in' type content - 30 mins content delivery - 20 mins break - 30 mins content delivery - 20 mins 'check-out', mindfulness and/or debrief content Total running time per session: 2 hours (1 hour max DVA learning content).
Safety/risk management	The digital literacy component of this course should support the learners to increase their safety online and to develop safe internet use practices, which they could use both during the course, but also outside of it. The 'trusted person' or supporter nominated by the participant should support the learner's engagement with the online course, and be available as a source of assistance, throughout the course. Ideally they would be available for the provision of additional support around digital access on an ad-hoc basis (such as during arranged support sessions) as well as serve as a key point of contact, in the event there were any concerns around the safety of the participant.

Roles and Responsibilities	- **ARC staff team** to conduct enrolment documentation including initial risk assessment, digital literacy evaluation, and 'trusted person' nomination. ARC staff would also be present during the online sessions, in line with current practice during face-to-face sessions. - **Peer-educator team course facilitators** to deliver all phases to women with LD as well as their supporters. - **Trusted persons / supporters** responsible for supporting the learners' engagement with digital platforms and tech, as well as acting as a source of emotional support during the delivery of the second stage of the course.
Stage 1: Promoting digital literacy and 'safety online'	The provision of digital tech and connectivity should be accompanied by a course module on 'safety online', constituting the first stage of this learning offer. It would also provide an opportunity to ensure that 'trusted persons' are similarly equipped with the skills and understanding for safe online use, as well as increase familiarity with the use of digital platforms (such as Facebook, Snapchat, WhatsApp etc). Prior research with learning disabled women experiencing sexual violence, documents the merits of providing support around safe online usage on platforms such as Facebook, using methods which focus upon developing self-esteem and assertiveness. This includes for example, developing skills to make decisions about what they should and should not share online, as well as the skills to say 'no' when they want to (Holmes & O'Loughlin, 2014). Research with learning disabled people indicates that this group increasingly want this type of training and support, and that they would engage with it, if given an opportunity to do so. Particularly around issues such as the safe handling of Facebook, blocking people on Whatsapp or Snapchat and the handling of personal data on the internet, as well as more general information concerning smartphone functions and apps (Heitplatz, 2020; Holmes & O'Loughlin, 2014). The module on 'safety online' could also include topics on; how to avoid downloading viruses, avoidance of 'risky' sites (child abuse, pornography etc.), avoidance of phishing and other 'scam' type websites, online grooming, CSE etc. Within this, it is important to consider the competing conceptualisations that surround the notion of 'normal' or appropriate online engagement (Chadwick & Wesson, 2016; Seale & Chadwick, 2017). The digital literacy component of the course could then lay the groundwork for discussions around the risk on DVA perpetrated in online spaces including the risk of stalking and online harassment, areas which are shown to be increasing in significance.

Stage 2: DVA awareness and 'healthy' relationships	The second stage of the course would be broken down into short interactive sessions, conducted by a facilitator via an online video conferencing platform (such as Zoom, Skype or Teams etc). The content could reflect that of previously delivered 'Us Too' programs. Where the delivery may differ is with the provision of a suitable pathway to enabling disclosure or discussion of any potential risk factors which have augmented or elevated during the course of the program and in this sense, the role of the 'trusted person' is key to the safe delivery of the online program.

These interactive sessions should be accompanied by 'grounding exercises' led by the facilitator at the end of each session, along with a brief evaluation exercise to establish the participants' wellbeing following the session. This is crucial to ensure that the potential risk of 'triggering' following engagement with the material is evaluated and responded to.

Establishing a closed group on social media (such as Facebook or Whatsapp), exclusively for course participants (dependent upon participant capabilities and chosen method of communication) may also enable additional channels for peer-support (Holmes & O'Loughlin, 2014), as well as to allow course leaders to provide additional support and information, in between organised sessions.

Linking in learners with existing online resources to respond to DVA, particularly in the current moment, may also beneficial, however this should be accompanied by the aforementioned training around safe internet usage, as well as around disclosure. Examples include the **Women's Aid online chat service, Refuge online chat service**, and apps like **Chayn** and **Bright Sky**. These resources are not accessible nor adapted for use for people with learning disabilities, autism or both, therefore, learners may require additional support to access them. |
| **Stage 3: Follow up and post-course review and debrief** | At least one follow-up call to be made to learners about 3 days after the course has taken place in order to assess wellbeing, to establish whether any issues were brought up for the participant etc. and to put measures in place for onward referral, if required. |
| **Time frame for initial 'pilot' delivery** | The two modules would need to be conducted on at least a weekly basis, over a period of several weeks (dependent upon the site for delivery). |

8. Looking forward: suggestions for future implementation and scale-up

Based upon feedback from consultation and the limited available research, it would be beneficial if future implementations of this program included a greater number of sessions, in order to provide a more comprehensive learning offer in relation to both the digital literacy as well as the DVA components. As such, expanding the range of digital literacy modules during the first stage of the project would enhance the learning offer and respond to a 'gap', in terms of the digital literacy training made available to people with learning disabilities. Considering the new context in which everyone is now working, the need to provide this type of learning to people with learning disabilities, autism or both, is even more pronounced. Further, the development of the DVA sessions, as well as those 'book-ending' the DVA related content (including mindfulness and grounding exercises), could advance the possibilities for a more trauma-informed learning experience and potentially increase the safety of the learners, if they are given more time to work through and process the content, and to build rapport with the facilitators.

In the event that this project was implemented on a bigger scale, it would also be advantageous to consider grouping learners according to levels of digital competency, so that specific learning needs can be better accommodated for. It would also expand the possibilities for a more advanced learning offer, particularly for those learners who have already achieved the basics in digital literacy.

Finally, this pilot program offers real opportunities for future projects which harness the possibilities of a collaboration between ARC and specialist DVA providers in the locality, in order to further the benefits and scope of the project. Future cross-organisational joint working could include the pairing of a member of staff from a specialist DVA organisation to work alongside the peer-educators, in order to deliver trauma-informed training and mentorship. They would also be well placed to support the peer-educator team to respond to any disclosures of abuse, thereby simultaneously increasing opportunities for help-seeking and safe-enquiry among learners. Specialist providers could also be involved in the design and delivery or pre-enrolment assessments and could contribute to the development of a more robust, trauma-informed risk management response, thereby potentially securing the longer term viability of the project for future learners.

9. Acknowledgements and thanks

The successful design and delivery of this pilot project would not have been possible without the hard work, dedication and commitment of all of the women in the 'Us Too' peer-educator team, along with the ARC team who have supported them. The peer-educator team generously shared their time and expertise as part of the consultation and scoping stage of this project, and were instrumental in the shaping of the design and delivery of the project. They successfully delivered the new online program during what has been a highly challenging and uncertain time with, skill and enthusiasm, and have laid the groundwork for future work in this this area in order to support other people with learning disabilities, autism or both, who are experiencing domestic abuse.

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11. Appendix

11.1 Suggested Action Plan: September − December 2020

Content informed by consultation meetings conducted during August 2020. This document is accompanied by separate documents relating to program delivery format and research scope

	Activity	Timescale/ Deadline	Responsible	Resources required	Notes / Considerations	Suggested next steps
1.	**Set provisional dates for peer-educator training days**	To be completed ASAP	ARC		Aim to get all peer-educator training completed by end of September if at all possible.	
2.	**Establish target date for delivery and set provisional dates for each session (4 sessions on days, 1 week apart)**	To be completed by end of mid Sept 20	ARC		Suggested month for delivery November, given the difficulties associated with delivery in December.	
3.	**Establish joint-working arrangement with DIVAs at the Women's Centre to support with the training of peer-educators as well as with the later stages of the project (discussed in each of the following sections where applicable).**	To be completed by mid Sept 20	ARC	- Existing resources present within both organisations; none additional required	During consultation, Dina indicated that they were keen to support the delivery of the project both in relation to the training of peer-educators but also in relation to the provision of specialist support and intervention in relation to the domestic abuse component of the course (discussed further in format for delivery document). It may be possible to broaden the pool of peer-educators for the online program by combining the DIVAs team with the Us Too team − this is something Dina mentioned had already been discussed. This collaboration would increase the pool of people available to deliver training but also opens up opportunities for the upskilling of team members as well as for skills matching across the pairs of peer-facilitators.	1. Contact Dina H and arrange meeting.

	Activity	Timescale/ Deadline	Responsible	Resources required	Notes / Considerations	Suggested next steps
4.	**Provide enhanced training for existing peer-educator team on the following topics so that all peer-educators are equipped and confident to train the new cohort of learners.** **Suggested topic areas for training:** 1. **Enhanced digital tech use and safety online refresh** 2. **Training in online environment** 3. **Understanding how to identify and respond to signs of distress when/if displayed by new learners.**	To be completed by end of Sept 20	ARC to lead on delivery Potential to collaborate with DIVAs team.	- Content for digital tech training as well as for online training. - Content for online safety available from existing ARC resources and work previously done.	Only some of the team indicated that they would need additional training around digital tech. However, all would benefit from some support and training around delivering learning in an online environment. All members of the existing peer-educator team indicated that they would like support with understanding, identifying and responding to signs of distress displayed by new learners. All peer-educators will need to have comparable understanding of the tech and online safety, before starting to support new learners. In cases where there may be 'gaps' in knowledge, the pairing of team members would mitigate any issues this brings. The team were also keen that they continued to be paired. There is perhaps scope for ARC to link in with the work that the DIVAs team are doing in this area.	1. Contact peer-educator team to determine dates for training. 2. Revise existing training material and amend where necessary. 3. Contact Dina and Michelle from Women's Centre re. Joint working particularly around training of peer-educators.
5.	**Establish basic eligibility criteria for enrolment on the online course.** **This will includes verifying that prospective learners;** - **Have access to adequate internet connection and suitable tech to enable them to access a Zoom[8] meeting.** - **Have an informal or formal carer or support available and willing to be physically present with the learner when each of the sessions takes place.** - **Are not living in a violent or abusive situation (assessed via the risk screening questionnaire, discussed in the next section).**	To be completed by end of Sept 20	ARC	- Existing eligibility criteria for face-to-face course	Existing eligibility criteria will need to be revised to reflect the new learning environment as well as the risk management measures being put in place. To be successful and safe, new learners will need to be able to confirm the support of an informal carer/supporter to be present throughout all 4 sessions. This is a fairly straightforward exercise mainly for ARC when conducting conversations with potential providers who have prospective learners they want to enrol. Having clear eligibility criteria in place will support decision making around inappropriate or appropriate referral to the course.	1. Revise and amend existing criteria in line with suggestions and previous discussions.

8 Zoom was identified as the preferred platform by the current peer-educator team, however, this will need to be revisited once providers are signed up in case of any local issues regarding organisational access to Zoom.

	Activity	Timescale/ Deadline	Responsible	Resources required	Notes / Considerations	Suggested next steps
6.	**Design enrolment and risk screening questionnaire for new and prospective learners.** **Suggested areas to include in addition to standard enrolment information:** - **Current living arrangements** - **Details re. any informal and/or formal supporters/carers** - **Tech set-up (access to functioning WiFi as well as adequate IT necessary)** - **Relationship status** - **If in a relationship, where does the partner live?** - **Assessment of the nature of the relationship as regards to any possible abuse concerns or risk.** - **Has there been any present or historical disclosures of abuse?** - **Assessment of the learners understanding of the nature and content of the program (this part of the screening would need to a conversation).**	To be completed by end of Sept 20	ARC with support from specialist DVA team if possible	- Existing sign-up/ enrolment forms to be reviewed and adapted	A crucial component of the risk management and safety planning for the online delivery will be to ensure that adequate risk screening takes place before admitting any new learner onto the course. The screening questionnaire should be done either in person with a supporter/carer or over the telephone; in all cases, it would be necessary for a trained person from ARC (or specialist DVA team) to administer the questionnaire, in consort with the supporter/carer (where applicable) and learner themselves. In some cases, following screening, a decision may be made to exclude participants on the basis that it is not safe for them to do the course in their current circumstances. In the event that the level of risk is deemed too high, appropriate sign-posting and onward referral would need to take place. This would need to be done by ARC.	1. Review existing enrolment form and adapt to reflect risk screening salient to DA. 2. Contact specialist DVA team re. Support around devising an appropriate DA risk assessment, if useful/ necessary.
7.	**Identify sites for delivery of the online program.**	To be completed by mid Oct 20	ARC	Existing relationships with providers	This is likely to be a mixture of different types of settings and should be informed by the provider's willingness and capacity to devote staff support for the duration of the 4 proposed sessions.	1. Contact providers who have expressed an interest in being involved with the pilot and discuss the course eligibility criteria. This will then inform next steps as to whether they refer into the course or not.

	Activity	Timescale/ Deadline	Responsible	Resources required	Notes / Considerations	Suggested next steps
8.	**Conduct training and information session for formal or informal supporters/carers incl. provider staff where applicable.** **Topics to include:** 1. **Overview of the program and what is expected from supporters (i.e. need to be present for all 4 sessions)** 2. **Ensuring basic IT competency[9] (i.e. staff are confident and able to access the internet, a Zoom meeting, email address, basic safety re. social media platforms etc.)** 3. **Basic understanding of safe enquiry practices.** 4. **Basic understanding of risk management processes in case of disclosure of abuse during sessions – 'what to do next, who to speak to etc'.** 5. **Information regarding onward referral to appropriate specialist agency for DA support – accessing established referral pathways.** 6. **Adult safeguarding procedures and protocols local to service provider.**	To be completed by end of Oct 20	ARC and relevant providers Peer-educator team to deliver this session to provider staff with the support of ARC staff (in line with current procedures for the delivery of training)	Existing relationships with providers	This session is another crucial component of the risk management measures. It will also ensure that supporters are equipped with the necessary skills and information to support the new learners adequately, as regards to both accessing the tech, but also as regards to any disclosures of abuse and/or negative impact as a result of taking part on the program. It may be useful to involve a specialist DVA team in determining the content re. Safe enquiry and risk management.	1. Once providers have confirmed their enrolment, they should be asked to nominate the staff member(s) who will be supporting learners. For non-educational settings or community settings, informal or formal carers might be involved in the training.
9.	**Delivery of 4 session online peer-education program**	To be conducted during Nov 20	ARC and peer-educator team	Training content	See separate plan for training delivery format	See separate plan
10.	**Write up and evaluation of online program**	To be conducted during Dec 20	ARC and peer-educator team			

9 Not all supporters will have the adequate competency levels to support learners with the IT therefore this may be something you want to establish first when asking prospective learners or providers to nominate informal or formal carers/supporters. Likewise, support staff often won't have the requisite skills or knowledge to respond appropriately to disclosures of abuse or issues of traumatisation or triggering therefore it's really important to build in discussion of what to do in these circumstances.

11.2 Risk Assessment template

Below is a suggested template containing the types of risks that might be considered for this activity. All of the below, as well as any additional unidentified risks, would need to be fully considered and responded to by the organisation leading on the delivery of the program; it is not an exhaustive list, nor is it necessarily the case that the suggested actions will mitigate the risks identified. This risk assessment would ideally be reviewed on an ongoing basis, or at least following each session of the program and/or when there is an incident.

Activity: Online peer education program for women with learning disabilities, autism or both

Date: 02/09/20 (*date template written; update when complete*)   **Review date** _____

Carried out by: _____

Risk	Who might be harmed	Actions already in place to manage risk	Further action to manage risk	Responsibility for carrying out the actions	Date to be carried out by
Online safety concerns and confidentiality – specifically, risk of disclosure of information online, online harassment, stalking, sexting, exposure to harmful content. Concerns relating to the disclosure of information are elevated in the case of learners who are at risk of known perpetrators in the community. This underscores the importance of ensuring that learners understand the need to maintain confidentiality as regards to their participation on the course.	Learners Peer-education team	- Peer education team have a basic understanding of online safety and have delivered the training in a face-to-face context therefore understand the risks.	- Enhanced training to be delivered to the peer education team in order to support learners around online safety and confidentiality. - 121 assessment of digital competency and safety to be carried out with all members of the team; individualised learning plans to be put in place according to need. - All new learners to participate in session on online safety, in advance of conducting the DA content. - Learners will be supported by an informal or formal supporter during the course.	To be completed	Dd/mm/yy

Risk	Who might be harmed	Actions already in place to manage risk	Further action to manage risk	Responsibility for carrying out the actions	Date to be carried out by
Ongoing or present perpetrator risk – there is a risk that some learners may be living with a perpetrator, whether that is a partner and/or carer. This risk is elevated in the context of learners who live independently, and for whom there is no provider oversight as regards to their living arrangements and safety at home. Some learners may feel unable to disclose any abuse at the point of enrolment, or, they may not have identified the abuse as such (see below).	Learners	To be completed	- Pre-enrolment assessment will be conducted with all new learners to establish; o Learner understanding of the course content re. DA o Living circumstances of learner o Available support - The pre-assessment should inform decisions regarding whether a learner is accepted onto the course. In the event the risk is too high, they should be signposted to a relevant specialist agency. - Supporters will be briefed around how to respond to any disclosures as well as available support mechanisms. - Regular 'check-ins' should be conducted with learners regarding any emergent issues arising as a result of being involved with the course.	To be completed	Dd/mm/yy

Risk	Who might be harmed	Actions already in place to manage risk	Further action to manage risk	Responsibility for carrying out the actions	Date to be carried out by
Triggering and (re)traumatisation as a result of participation – there is a risk that learners may be 'triggered' by some of the content, thereby elevating concerns around their safety and potential distress. In some cases, learners may begin to identify abusive behaviours in their own partners, or carers, during the course of the workshop series. This could potentially elevate the risk posed to these learners, particularly if they are not engaged with services. It is crucially important the learners know where to go and who to speak to, in the event that they start to identify abusive behaviours in their own lives and/or past abuses. The supporters will have a key role in mitigating the risk in this area.	Learners Peer education team	To be completed	- Supporters will be present with every learner for the duration of the course. If no support is in place, learners will not be able to participate in the course, given the levels of risk associated with remote learning in this context. - Peer education team to be supported to recognise and respond to signs of distress or unease displayed by new learners. A staff observer should also be present during the delivery to support the peer education team, particularly in case of distress displayed by learners. - Sessions structured in such a way that core DA content is 'bookended' by 'check-in' and 'check-out' as well as grounding exercises in order to support learners with the emotional impact of the content. This makes the sessions longer[10] however increases the safety of the sessions and reduces risks around triggering etc. - Opportunities for assessment of learner wellbeing should be built in to each of the sessions. - Follow up phone calls to be made to learners after the sessions have taken place in order to establish whether there are any residual issues or concerns as a result of taking part in the course.	To be completed	Dd/mm/yy

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10   For example, delivering 1 hour of domestic abuse specific content, coupled with a half an hour of non-directive content such as 'checking in' exercises or ice-breakers. This would mean a 2 hour session but provide greater flexibility and opportunity to assess learner wellbeing before and after the DA content has been delivered (see earlier discussions for more on structure of sessions).

Risk	Who might be harmed	Actions already in place to manage risk	Further action to manage risk	Responsibility for carrying out the actions	Date to be carried out by
Lack of adequate support for learners' when/if they disclose present or historical abuse – there is a concern that learners may make disclosures of abuse during the workshops. While supporters are required to be present during the workshops, they may not have the skills to respond to the disclosure appropriately.	Learners	To be completed	- Supporters will be briefed around how to respond to any disclosures as well as available support mechanisms. - Adult safeguarding protocols in place in institutional settings.	To be completed	To be completed

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Research in Practice helps organisations and individuals to access, understand and apply evidence in their work with children, young people, adults and families. By bringing together academic research, practice expertise and the experiences of those engaging with services, we apply this knowledge into a range of resources and learning opportunities.