



**NHS Foundation Trust** 



# Messages from St Mary's SARC workshops with people with learning disabilities

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#### **Background**

A St Mary's Sexual Assault Referral Centre (SARC) audit found adults with learning disabilities (AwLD) received less counselling and follow-up care than those without LD.

### Aim of workshop

To find out what AwLD considered appropriate ways to deliver sexual assault services.

#### **Participants**

We ran two workshops; 11 people from Manchester People First and 5 people from Manchester College's Supported Internship Programme.

Table 1: Demographics of workshop attendees:

	Total n=16 (%)	Male n= 9 (%)	Female n= 7 (%)
Age (years)			
<18	1 (6)	0 (0)	1 (14)
18-25	5 (31)	4 (45)	1 (14)
26-35	1 (6)	0 (0)	1 (14)
36-45	2 (13)	1 (11)	1 (14)
46-55	5 (31)	2 (22)	3 (44)
56-65	1 (6)	1 (11)	0 (0)
66-75	1 (6)	1 (11)	0 (0)
Ethnicity			
White	16 (100)	8 (100)	8 (100)
Other	0 (0)	0 (0)	0 (0)
Employed			
Yes	4 (25)	2 (22)	2 (29)
No	12 (75)	7 (78)	5 (71)
Literate			
Yes	10 (63)	5 (56)	5 (71)
No	6 (37)	4 (44)	2 (29)
Living arrangements			
Family/Partner	7 (44)	6 (67)	1 (14)
Alone	4 (25)	1 (11)	3 (43)
With staff support	3 (19)	2 (22)	1 (14)

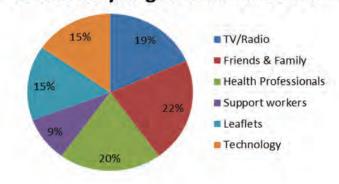
#### **Workshop questions**

#### Focused on:

- 1. How and where is health information obtained?
- 2. What is sexual abuse understood to be?
- 3. What are helpful and unhelpful things staff can do when an AwLD tells them they have been sexually assaulted?

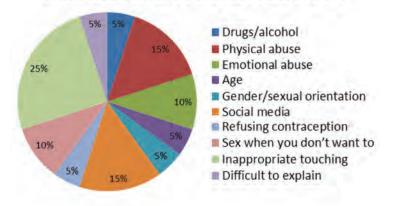
#### **Findings**

# Where do you get health info. from?



10 people used technology to get health information, 4 of these required support to use the net.

## What was sexual abuse associated with?



The range of answers to this question suggests limited understanding.

### Helpful things staff can do.

- Face to face communication with good eye contact.
- Asking about problems, taking time to listen and explain.
- Repeat things back to check they have understood.
  - Doing some-thing about what you have told them

## Unhelpful things staff can do

- Rushing
- Jumping to conclusions
- Prefer own doctor/nurse, not strangers
- Doing things without asking
- Not explaining properly
- Speaking to carer only

#### **Implications**

This work will inform the development of accessible in-formation for AwLD and a tool-kit for practitioners.