

## People with disabilities: the forgotten victims of violence



Three decades have passed since the UN declared 1981 as the International Year of Disabled Persons.<sup>1</sup> The theme of the commemoration was “full participation and equality”. Progress towards this goal has been sadly deficient as evidence suggests that individuals with disabilities experience exceptionally high levels of violence.

In *The Lancet*, Karen Hughes and colleagues<sup>2</sup> present the results of a timely comprehensive review and meta-analysis of research on violence against adults with disabilities. Funded by WHO, this ambitious project is the first of its type to provide a quantitative synthesis of research on violence against disabled adults, including individuals with disabilities associated with mental health disorders and intellectual impairments. With strict selection criteria, 26 studies were eligible for review, of which 21 provided data suitable for meta-analysis. The review concludes that people with disabilities are at a higher risk of violence than are non-disabled adults. Adults with mental health disorders were found to be a particularly vulnerable population: one in four of those individuals were estimated to have experienced violence in the past year. Pooled prevalence of any recent violence was high both in adults with mental health disorders (24.3% [95% CI 18.3–31.0]) and in those with intellectual impairments (7.8% [5.8–10.5]). The investigators acknowledge that their review was limited by methodological weaknesses in the studies selected, including gaps in the types of disability and violence addressed and in the geographical coverage of research, which was almost entirely limited to high-income countries. Furthermore, few population-based studies were available, especially those that focused on adults with mental health disorders.

Although more research is clearly needed, Hughes and colleagues' review<sup>2</sup> underscores the severity of violence against adults with disabilities and suggests the importance of coordination of efforts to identify and respond to such violence. The finding that only one in five community-dwelling women with disabilities has ever been asked by health-care providers about violence signals the low level of screening that is taking place.<sup>3</sup> Although the effectiveness of screening has yet to be systematically examined in adults with disabilities, evidence about the use of this technique for intimate partner violence suggests it could increase

identification, leading to appropriate intervention and support.<sup>4</sup> It is recommended that programmes to increase screening and safety planning by health providers should be developed and assessed.<sup>3</sup> Targeted screening is important for people with disabilities who are particularly vulnerable, such as adults with mental illness who experience frequent admission to psychiatric hospitals, those who are homeless, or individuals with substance use disorders.<sup>5,6</sup> Traditional instruments to assess interpersonal violence do not detect abuse in caregiving relationships.<sup>7</sup> Consequently, screening techniques, such as the four-item Abuse Assessment Screen-Disability (AAS-D),<sup>8</sup> have been developed that include specific questions about disability, as well as questions that assess physical and sexual abuse. Appropriate methods of screening should be implemented in health-care settings, programmes for women who have suffered abuse, and independent living centres to capture the full range of abuse experienced by people with disabilities.<sup>9</sup>

In addition to improved identification of victims is the need for appropriate care and support services. In that respect, health providers and social service workers should have information about safety planning and easily accessible resources for victims in their community.<sup>10</sup> In many regions, appropriate community-based services must be developed.<sup>11</sup> Existing victim services and advocacy support programmes, such as women's shelters and counselling services, should be adapted to better accommodate diverse disabilities. Concurrently, antiviolence programmes should be implemented in disability-related settings,<sup>9</sup> including training for staff who are often uninformed about topics related to violence.<sup>11</sup> In mental health centres, skill-based violence prevention programmes for those with severe mental illness are recommended to reduce the risk of revictimisation.<sup>5</sup> Finally, increased awareness of the issue by criminal justice agencies might improve police response to complaints of violence from people with disabilities. Building of collaborative relationships among disability-related, mental health, and criminal justice agencies will enhance the integration of services<sup>5</sup> and hopefully decrease the incidence of violence.

Public attitudes towards violence should be redirected from fear of the perpetration of violence by adults with



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disabilities, especially those with severe mental illnesses, to the increased awareness of, and compassion towards, these individuals as victims of violence.<sup>12</sup> Only through such recognition can we begin to address the call to action made more than 30 years ago to protect the rights of disabled people.

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