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SPECIAL REPORT

VIOLENCE TO AND MALTREATMENT OF PEOPLE WITH DISABILITIES: A SHORT REVIEW

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Objective: **Violence to disabled persons constitutes a major ethical problem. The European Academy of Rehabilitation Medicine has debated the matter; it presents this short report to alert a wider audience to the problem, with the aim of provoking debate and facilitating prevention.**

Design: **The Academy has produced a full report on the literature. The present short report summarizes the essential features of this and significant references to violence. This is defined, types described, and risk factors and signs identified with the aim of informing rehabilitation practitioners.**

Conclusion: **Violence may take many forms, often being subtle, insidious and difficult to recognize. However, the members of the rehabilitation team may be able to provide significant help and act preventively as they work towards the better social integration of the disabled individual helping them gain more control of their lives. European legislation may help us in this task; we are reminded that our roles are set within the context of our civic duties of respect for and tolerance of all.**

Key words: violence, maltreatment, disabled people, prevention.

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INTRODUCTION

Recently the European Academy of Rehabilitation Medicine has devoted considerable time to discussing the problem of violence towards people with disabilities. Two of its members have produced a full report based on the literature (unpublished). However, some cited authors have noted that public authorities have shown only episodic interest in the matter (1). Conversely, the European Commission and the Council of Europe have produced helpful documents relating to the human rights of people with disabilities in which discrimination against people with disabilities is considered as "inextricably linked to abuse" (2, 3). The subject is of such importance and difficulty that a short review relating to the discussion may help a wider audience, provoke debate and lead to better prevention.

DESCRIPTION

Definition

"An abuse is an act of commission or omission, often committed or omitted by a person in a position of confidence (or authority) which results in the wounding of or prejudice to the recipient .... Violence consists of utilizing or promoting the utilization of force or constraint or even preventing the possession of fundamental rights. Violence may be the act of an individual, a group, an institution or another collective organization, who consequently have social, personal and moral responsibilities, even in the absence of social sanctions. It often occurs in the context of an imbalance in power between the victim and the aggressor." Negligence is also abuse or violence where there is "the lack, voluntary or not, of a person whose responsibility it is to respond to the needs of a handicapped person, thus compromising their health, security and capacity for development" (4).

Types of violence

Ten types of violence have been identified: physical abuse, sexual abuse, psychological abuse, abuse by neglect or desertion, financial or material abuse, negligence, abuse occurring in institutions responsible for caring and for accommodation, violation of the right to freedom, abuse of power or authority, and social abuse (4). In practice, abuse may occur in all aspects of life and sometimes different types of abuse may occur simultaneously.

Violence or abuse may be difficult to identify and to prove because of the silence which may surround the acts of violence perpetrated by the aggressors and abusers who may also be carers. Also, the clinical manifestations may be commonplace with their origin unsuspected by clinicians (5, 6). Society itself may remain silent, appearing to collude; a fact that may require exploration.

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RISK FACTORS

The very young and very frail are obviously vulnerable, but so too are those whose living conditions increase the risk of promiscuity or have other adverse features. Financial difficulties and isolation of the dependent person and carer are factors needing particular attention. Stress, alcoholism and the precariousness of existence may contribute. Finally, it has been suggested that living in an institution may, of itself, constitute an act of violence (4).

The literature documents that violence against women is greater than against men with similar disabilities (7). The type of impairment may also be relevant; the risks are greater amongst those with intellectual (learning) disabilities, those who have multiple or complex impairments and those who are more dependent (8–11). Access to the body of dependent persons transgresses normal boundaries and taboos and may contribute to abusive relationships (4).

AGGRESSORS AND ABUSERS

The majority of studies indicate that most acts of violence against disabled persons occur within the home and family and that close relatives are most frequently the abusers, independent of social and cultural status (12–16).

Occasionally it happens that rehabilitation staff are perceived as abusive, rehabilitation itself being viewed as the sum of acts of violence: painful activities, imposed acts of care, the unwelcome identification of loss and hence of the necessity to grieve (17). There is, in many countries, a history of violence towards and abuse of disabled adults and children (principally with learning disabilities) who resided in institutions where they were powerless for many years of their lives. There is no evidence to suggest that modern rehabilitation facilities exert such abusive power, nevertheless those who lived in these institutions may carry with them powerful memories that may colour their new encounters. Rehabilitation staff need to be aware of this history.

It may be difficult for a carer to hold the correct attitude to caring for the body of the disabled person and at the same time retain emotional, even sexual, relationships in their entirety.

Lastly, it may be difficult to define the role of the aggressor. The aggressor and the person against whom aggression is occurring need to be identified. Assumptions cannot be made. It is essential to know what the balance of power is between the carer and the person cared for and to be clear whether the power of one over the other has become excessive and unauthorized. The relationship may vary from time to time and in different areas of activity. The observations of the rehabilitation team can be most useful, especially when the professional has contact with the person over a long time. This prolonged interaction can provide the opportunity for observing the relationship between a person and their carer, its nature and how effective it is.

MEANS OF PREVENTION AND PROTECTION

The Council of Europe proposed a model of prevention based on a classical form including primary, secondary and tertiary prevention. At all these stages prevention is organized at individual level, at service level and at government and community level. "At the primary stage abuse is prevented from happening at all, at the secondary stage abuse has to be promptly identified and referred to appropriate agencies who will intervene to stop it, and at the tertiary stage the individuals who have been abused have to be treated and helped to recover without sustaining long-term problems related to trauma and distress" (3). Here rehabilitation, which seeks to give back to the person the maximum autonomy and promote their social integration, may have a preventive role. There is no literature known to the authors that describes the means of achieving this.

However, listening and dialogue are often the basis of changing behaviour and it is clear that assistance must be offered both to abusers and those who are abused (18).

The abuse of minors calls for recourse to legal authorities and recently in France legal authorities' powers have been extended to others who are vulnerable (19). This may be helpful. Indeed the increasing protection of the person with disabilities within the EU can be recognized as part of the general movement of society towards a greater respect for the individual in which the political process is used to decrease discrimination and to increase integration. The reader may find helpful the legislation and policy statements produced by the European Commission (2), where these matters are integrated into those of human rights. So far we have no evidence of the effects of such legislation on the treatment of disabled people, but this is to be hoped for.

CONCLUSION

Violence to people with disabilities constitutes a major ethical problem. The multiplicity of its forms renders identification difficult particularly because it is often subtle and insidious. The members of the multidisciplinary rehabilitation team may be able to provide significant help to identify violence and act preventively as they will be working towards the better social integration of the person. It is important to recognize the value of European legislation and also that our roles are to be set within the context of our civic duties of respect for and tolerance of all. Further research is required to provide evidence of lessening violence as a result of legislation, policies, both general and local, preventive measures and interventions.

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