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**Renata Martinec**

## **VIOLENCE AND PERSONS WITH DISABILITIES: ABUSING AS DESTINY**

People with disabilities are “easy targets” because they often lack the acquired knowledge of appropriate or unacceptable behaviour, do not have sufficient acquired social skills, or sometimes believe that because of their disorders and dependence on others, they must be conciliatory and have no right to protest or rebel. Also, a physical or psychological deviation that sometimes suggests a person’s weakness in others can cause a sense of dominance and superiority, which in certain situations can turn into the intention of physical or emotional abuse. Unfortunately, statistics show that a greater number of people with disabilities have faced some types of violence to a greater or lesser extent, especially in the female population. Violence can have numerous and psychophysical severe consequences on people who are already struggling with health, functional and/or mental disorders and consequently have difficulties in realizing the required quality of life and human rights. For this reason, the task of the entire society should be aimed at preventing a spiral mechanism in which one fateful unfavourable situation, such as disability, triggers a series of others. Regardless of its potential, every being deserves care and protection, especially vulnerable groups whose suffering, pain or limitations are seen as their inevitable destiny. However, the strength, fighting spirit and dedication shown by people with disabilities are proof of their magnificence, which should not be rewarded with verbal or physical blows, but with tolerance, respect, and appreciation.

**Keywords:** people with disabilities; violence; psychophysical consequences; prevention

## 1. INTRODUCTION

Violence is defined as the use of physical force or psychological maltreatment of another person that leads to a violation of fundamental human rights and values. In addition, violence can be considered as any form of behaviour that causes destruction, injury, pain, and harm to the person against whom it is directed, along with a sense of fear, insecurity, and dependence (Derenčinović 2004). As claimed in many different reports, people with disabilities are highly affected by different types of violence (Saleme et al. 2023). According to the World Health Organization (WHO), disability refers to the physical or mental impairment of everyday functioning due to congenital conditions, injury or disease (Dammeyer, Chapman 2018). Unfortunately, physical or psychological deviations sometimes suggest a person's weakness, which can create a feeling of dominance and superiority in others that can turn into an intention of physical or emotional abuse. In this regard, people with disabilities may experience violence from family members, guardians, partners, caregivers, personal assistants, and other professionals, i.e. in the victim's home or in various institutions where they realize therapy, education, rehabilitation, or social care (Milić Babić 2009). In addition, structural violence is also possible, which takes place within social communities and refers to the lack of social safety and financial resources that would enable these individuals to have a satisfactory quality of life (Ajduković 2003). Violence against people with disabilities can be considered in many different categories such as (Rusac 2006; Milić Babić 2009; Cipriano, Cella, Cortufo 2017; Ray 2023):

- **psychological (emotional) violence**, which includes insulting and underestimating people with disabilities through verbal or non-verbal behaviour such as false accusations, mockery, use of derogatory names, threats, blackmail, social isolation and prohibition of visits, humiliation, etc,
- **physical violence**, related to behaviour that results in physical pain and injury, e.g. hitting, pushing, slapping, spitting on, locking in a room, etc,
- **sexual violence**, which includes unwanted touching, rape, sodomy, undressing and photography,
- **financial violence**, which refers to the inappropriate or illegal use of a person's property or money, e.g. theft, abuse of power of attorney, disposal of property without the consent of a person with a disability, etc.,
- **collective violence**, which includes the denial of human and social rights, bullying, mobbing, stigmatization, discrimination, prejudice, rejection, and exclusion from society,

- ***self-directed violence***, in the form of suicidal or non-suicidal self-harm that leads to tissue damage, illness or risk of death. Non-suicidal self-harm includes, for example, cutting, biting, scratching, and burning the skin as well as hitting body parts on hard surfaces, inserting different objects into the body, etc.

Statistics show that despite efforts to uphold the human rights of people with disabilities, the risk of being confronted with some types of violence remains high in this population (Liasidou, Gregoriou 2021). For example, according to the UK's National Violence Report for 2010-2011, physical violence (30%) and neglect (23%) were the most common, followed by financial (20%), psychological (16%) and sexual violence (6%), while perpetrators were most often family members (25%), social care workers (25%), neighbours, friends, volunteers, and other professionals (12%) and healthcare workers (3%) (Strurdy, 2012). The study by Marinić (2020), which was conducted on a sample of 684 participants, showed that 45,07% of them had experienced discrimination and violence, especially in the deaf and hard of hearing group (66,34%). The most common types of violence were physical or verbal violence by people outside the family (28,98%), verbal violence within the family (26,02%), violence by medical staff (12,37%) and finally, physical violence within the family (9,53%). Also, the frequency of these experiences was linked to younger age and poor economic status. Based on a meta-analysis, Fang et al. (2022) found that the overall prevalence of violence against children with different kind of disabilities was 31-37%. Research by Dammeyer and Chapman (2018) conducted on 18,0019 participants showed that people with disabilities reported a significantly higher level of violence in comparison with those without disabilities. Also, in this research, people with mental disorders reported all types of violence and discrimination significantly more than those with physical disabilities; men were more likely to report physical violence, while women were more likely to report sexual violence, humiliation and discrimination. Furthermore, according to the 2017-2019 report by the *Office for Victims of Crime of the U. S. Department of Justice*, people with disabilities were the victims of 26% of all non-fatal violent crimes, compared to about 12% in the general population (Waldman, Rader 2024).

Due to this worrying incidence and adverse outcomes, this paper aims to consider some specifics of violence against people with disabilities in terms of its causes, types and consequences, as well as possible prevention and treatment approaches.

## 2. SOME SPECIFICS OF VIOLENCE AGAINST PEOPLE WITH DISABILITIES

### 2.1. *The most common causes and types of violence against persons with disabilities*

The victimization of people with disabilities stems from a complex interplay of societal, psychological, and situational factors (McEachern 2012; Šesto, Buljevac, Leutar 2015; Healy 2020). Here's a breakdown of some key reasons why people with disabilities are "easy target", as is identified in various studies:

#### 1. Dependence on Others

- **Enforced passivity:** The reliance on others can foster a sense of enforced passivity, where individuals feel they must accept whatever comes their way, including abusive behaviours.

#### 2. Psychological Factors

- **Fear of institutionalization:** The fear of being placed in an institution can make individuals more compliant and less likely to resist or report abuse.
- **Acceptance of violence:** Some may come to accept violent behaviour as a normal part of life, especially if they have experienced it frequently.
- **Self-perception:** Beliefs that they are weak, worthless, or deserving of punishment can make individuals less likely to stand up against abuse.

#### 3. Isolation

- **Social isolation:** Many individuals with disabilities experience significant social isolation, reducing their ability to seek help or support.
- **Lack of knowledge:** Due to limited access to information and education, they may not know how to recognize or resist violent situations.

#### 4. Inability to Recognize or Escape Violence

- **Sensory and cognitive impairments:** Disabilities affecting sight, hearing, or cognitive understanding can make perceiving potential or actual violence difficult.
- **Physical Inability:** Some individuals may be physically unable to escape from a violent situation.

## 5. Economic and emotional dependence

- **Financial dependence:** Abusers often control the financial resources, making it difficult for victims to leave or seek help.
- **Imposed gratitude:** Perpetrators might manipulate victims into feeling gratitude for their care, thus justifying their abusive actions and trivializing their guilt.

## 6. Lack of Information

- **Rights awareness:** People with disabilities may not have access to information about their rights, further limiting their ability to seek help and justice.  
Of course, the cause of violence also rests with the perpetrators of violence. At the community level, violence can be sustained by a lack of resources, social non-condemnation of violence or weak sanctions for perpetrators. Norms that promote violence, such as patriarchy and weak policies on violence and gender equality, can encourage perpetrators at the social level (Gault, Wetmur, Plummer, Findley 2023). Some authors have also tried to identify and categorise the reasons that motivate perpetrators to use violence. They concluded that the motivations can be complex and multifaced and may include the following (Sobsea, Calder 1999; Chakraborti, Garland, Hardy 2014; Cunha et al. 2023):
  - ***Unfamiliarity, intolerance, and hostility towards ‘difference’:*** a lack of exposure to or understanding of people who are different from oneself can breed intolerance and hostility, leading to violent behaviour.
  - ***Sense of superiority or hatred:*** Perpetrators may believe in their own superiority over others or harbour deep-seated hatred, which can manifest in violent actions.
  - ***of exploitation as a favour:*** some individuals perceive exploitation as a way of thanking or returning a favour for providing resources or support, justifying their violent behaviour.
  - ***Financial or emotional self-interest:*** violence can be motivated by personal gain, whether financial or emotional. Perpetrators may use violence to obtain what they want or to assert control.
  - ***Psycho-emotional exhaustion:*** stress, burnout, and emotional exhaustion can lower inhibitions and increase the likelihood of violent outbursts.
  - ***Perception of punishment as appropriate and educational:*** some believe that using violence as punishment is an appropriate and effective educational approach to correct behaviour.

- ***Inability to inhibit antisocial impulses***: certain individuals struggle to control their antisocial impulses, leading to violent actions.
- ***Mental health issues***: narcissism, lack of empathy, delighting in humiliation and other people's suffering, hyper-masculinity, etc., can drive individuals to commit acts of violence.

In considering the causes of violence against persons with disabilities, it is also important to consider the interpersonal interaction between the victim and the perpetrator, which is sometimes more complicated than is commonly thought. So, for instance, when we talk about domestic violence, dysfunctional family dynamics, inadequate coping strategies, divorce, work overload, etc. can contribute to the deterioration of the physical, mental and social health of parents, especially the mother. Research by Silva et al. (2024) found that high rates of violence, such as “abandonment and/or neglect”, were mostly provoked by the mother, followed by the father. According to the authors of this research, mothers' dissatisfaction and overload were the cause of violent impulses against their children with intellectual disabilities, especially when they were under great tension or stress. Similar results were obtained in some other studies, according to which females tend to abuse children, and males are prone to abuse adults (Peer 2009; Alangari et al. 2024). Furthermore, key factors that contribute to an increased risk of intimate partner violence often include limitations in fulfilling emotional and social needs, as well as financial dependence on the partner, which are significant barriers to leaving the abusive situation (García-Cuéllar et al. 2023).

Social factors are also decisive, including the presentation and acceptance of violence as a means of solving problems or of deservedly and justifiably asserting one's superiority, knowing that an act of violence is difficult to prove or is rarely prosecuted (Boran, Oğretmen, Taskan 2021). Namely, victims of violence often do not report their experiences because they do not expect to be understood or for anyone to stand up for them. Some victims even stated that family members or other people they communicated with encouraged them to ignore, remain silent or accept the violence (Sin 2013). Such a practice is dangerous for victims of violence as it encourages perpetrators to use violence and may lead to repeated incidents. Also, in the frame of considering other environmental factors as a cause of violence against people with disabilities, it is crucial to recognize and address disability hate violence. For example, in the narrative interviews conducted by Healy (2020), respondents stressed disability hate crimes as one of the major causes of violence. This type of violence is widespread

and has been considered within various theories and approaches towards people with disabilities, i.e. according to Richardson et al. (2016), disability hate crimes are an extreme reflection of prejudice, discrimination and marginalisation of people with disabilities and represent a manifestation of disablism or disablism in action, that needs to be sanctioned and reduced through various legal and social policies.

But it is absurd that the various professionals who are supposed to provide support, due to deep-rooted prejudices, ignorance or personal motives, in some cases express distrust or, worse, continue the process of violent behaviour. For example, some victims experience humiliation, suspicion, insults or inappropriate non-verbal communication during reporting or processing an act of violence at the police station, in a hospital or in other institutions. This naturally leads to a further misperception and marginalization of people with disabilities, supported by the power and control of dominant social and cultural discourses (Swartz et al. 2018; Healy 2020; Morgan 2021). In this context, we can speak about symbolic violence, which arises from the power imbalance between different social groups and is manifested in the imposition of norms and expectations by the group with greater social power. Symbolic violence can appear in different social areas such as nationality, gender, sexual orientation or disability (Thapar-Björker, Samelius, Sanghera 2016). Based on data from the Australian *Royal Commission into Violence, Abuse, Neglect and Exploration of People with Disabilities* symbolic violence in this population can manifest in denying them the right and freedom to make choices, controlling their lives, facing significant barriers to access, inclusion, and information, as well as in not receiving quality facilities and services such as health care, education, employment, and housing (Wadiwel, Spivakovsky, Steele 2022).

Regarding other types of violence, the most common are physical, sexual, emotional and verbal violence; negligence, denying of necessary assistance; financial violence; drug manipulation; destruction or denying of equipment necessary for mobility, health care or some other activities, etc. (Powers, Oswald 2004). One of the most highlighted issues is the high rate of sexual violence, which refers to groping, rape, control of reproductive or sexual health control, stalking, and psychological or verbal aggression that includes sexual insults and belittling. (Breiding, Armour 2015). This type of violence can be perpetrated in the context of intimate and professional relationships, using threats or coercion to enter intimate relationships (Plummer, Findley 2012). For example, the results of a meta-analysis that included a systematic review of 68 studies indicated that people with disabilities are at significantly higher risk of sexual abuse than people without disabilities, especially participants with sen-

sory impairments and adult participants compared with young one (Amborski et al. 2022). The female population is particularly at risk. According to the results of some studies, the rate of various forms of sexual violence against women with disabilities is between 40% and 60% (Wade 2002; Cotter 2018). The reason for this high incidence may be that women with disabilities are often marginalized, excluded and “invisible”, are usually considered asexual and undesirable and are unable to have intimate and partnered relationships and become mothers. For this reason, they are less convincing when talking about experienced violence. Sometimes, through inappropriate sexual behaviour, understand the “fake” message about their attractiveness or the possibility of achieving a romantic relationship as true. Such dehumanizing acts contribute to additional vulnerability and exposure to physical/sexual violence against women with disabilities (Milić Babić 2009; Morais et al. 2024).

When attempting to analyse the prevalence of violence in relation to a specific type of disability, it becomes apparent that most studies focus on people with intellectual disabilities (Marinić 2020). Research shows that people with intellectual disabilities are 4 to 10 times more likely to become victims of violence than people without disabilities. (Reiter, Bryen, Shacher 2007). Josipović, Najman Hižman and Leutar (2008) conducted a semi-structured interview with 59 people with intellectual disabilities and concluded that 50.8% of them were hurt by another person, and they stated that the most common form of violence was verbal violence in the form of jokes, mockery and swearing (40.7%), or that they were beaten or punched (33.9%). Friends of the victims of violence were the most frequent perpetrators (59%). Parents were identified as perpetrators in 16 % of cases, acquaintances in 10 % of cases, and in the fewest cases, the staff of the institution (3 %). In terms of feelings, it was pointed out that they were sad, unhappy, crying, in a bad mood, hurt and disappointed. Some reasons why people with intellectual disabilities are more likely to be victimized are a lack of knowledge about sexuality and emotional relationships, isolation and absence of social interactions, institutionalization, etc. (Josopović, Najman Hižman, Leutar 2008). Sexual abuse of adults with intellectual disabilities is sometimes experienced by other adults with intellectual disabilities. For example, in a study by Furey, Granfield and Karan (1994), other adults with intellectual disabilities were the perpetrators in 42% of cases of violence. Strand, Benzein and Savemen (2004) came to similar conclusions that people with disabilities are sometimes perpetrators of violence, based on a survey of 122 staff members working in group dwellings and day centres. According to the results, 35% of them admitted to having been involved in or witnessed a violent incident against adults with intellectual disabilities. 14% of

the staff members admitted that they were perpetrators and 61% that they were exposed to violence by residents. Most acts of violence occurred in situations where residents did not cooperate or where both parties reacted with violence. In violent situations, staff felt helpless and inadequate. It has been shown that various supportive interventions, such as supervision or counselling for staff as well as training on communication skills for adults with intellectual disabilities, are necessary.

One of the studies that looked at the frequency and nature of childhood sexual abuse of visually impaired people found that 73 of the 333 respondents experienced some form of abuse. According to the victims, in most cases (70%) the sexual abuse took place at their or perpetrator's homes, then at school (14%), in a bus or car (6%) or in another place such as a cabin, forest or camp (10%). Almost half of the victims (48%) stated that they had been persuaded or lured into sexual acts by the perpetrators, with or without the offer of gifts or alcohol. Almost one-third of victims (32%) stated that the perpetrator had used violence or force. Some of them (15%) believed that the perpetrators took advantage of their superior position. A part of them (5%) considered the sexual event to be voluntary, although some of them realized later that they had been deceived. What is terrifying is that "voluntary" victims were told by their perpetrators that they, the children, were the ones who wanted the abuse to happen (Kvam 2005). A thematic analysis conducted by Admire and Ramirez (2021) showed that deaf people also experience abuse and violence in various social settings and invoke society's perception of disability to explain the negative treatment they have experienced. In analysing the data obtained through semi-structured interviews, Mastrocinque et al. (2022) identified several important themes that determine the causes and ways of dealing with intimate partner violence in the deaf population: the intergenerational transmission of violence, concerns about finding information, communication barriers with family and friends linked with frustration, and the challenges of seeking help. Nowadays, bullying is a worrying phenomenon that also targets young people with disabilities. For example, according to the results of the study conducted by Stang et al. (2020), participants with cerebral palsy perceive themselves as equal to their bully in terms of popularity, intelligence, and strength. In addition, an inverse relationship was found between the severity of the disability and the rate of victimisation. Finally, children with cerebral palsy show individualized strategies for resilience, relying on adult resources. Identification of violence is also important in people with mental disorders. Namely, compared to the general population, patients with severe mental disorders have a significantly increased risk of domestic and sexual violence which is later associated with negative health outcomes. Also, according

to Khalifeh, Moran, Borschmann (2015), serious sexual assault in adulthood leads to more frequent suicide attempts in this population than among victims in the general population.

An important form of violence among people with disabilities is self-harm. Brown and Beali (2008) used an interpretative phenomenological analysis to identify three main themes in this area among people with intellectual disabilities. The first referred to the context of self-harm and included sub-themes relating to past experiences of abuse and loss but also current issues of control and protection. The second main theme referred to the emotional experience of self-harm, which was characterized by anger, frustration, hopelessness, relief, guilt, and regret. The third main theme referred to coping with self-harm. Participants experienced both helpful individual and cooperative strategies as well as interventions that they perceived as controlling, unhelpful or derisive. The incidence of self-harm is quite high among people with intellectual disabilities, learning disabilities, mental disorders, autism spectrum disorders, etc. (Brown, Beali 2008; Lovell 2008; Hawton et al. 2013; Blanchard, Chihuri, DiGuseppi 2021), Constantly ignoring the “message” in cases of self-harm leads to further traumatization of those affected (Flygare et al. 2023). In this sense, Jones, Davies and Jenkins (2004) consider self-harm as a consequence of neglect, rejection and violence, and they state that it is necessary to find ways of communicating effectively and meeting individual needs. In this case, self-harm would be unnecessary. With this in mind, it is extremely important to recognize and acknowledge such desperate and final signs of unmet personal needs. Interpreting such behaviour as just a „part of the syndrome” devalues the true message of self-harm and, in that way, becomes secondary and supremely abuse. In this context, it is necessary to highlight the significance of educating victims of violence, professionals, and others in their environment with the aim of recognising, preventing, or stopping various forms of violence, ensuring adequate fulfilment of their needs, and mitigating the consequences of traumatic experiences.

## ***2. 2. Some consequences of violence against people with disabilities***

Some victims of violence believe that because of their conditions and their dependence on others, they must be conciliatory and have no right to protest or rebel. This is an extremely bad and unacceptable attitude since violence can have numerous and severe psychophysical consequences for people who are already struggling with other health, functional and/or mental disorders. According to Rivara et al. (2019), the biological effects of violence include possible effects on the CNS, the neuroendocrine

system, and the immune response. The consequences can also include an increased incidence of depression, anxiety, addictive behaviour, PTSD, an increased risk of psychosomatic illness and premature mortality. When people experience long-term and/or multiple forms of violence, the health consequences can be cumulative. Dembo et al. (2021) cited the results according to which the health effects of violence are worse for youth with disabilities compared to their non-disabled peers. Namely, obtained data showed that adolescents and young adults with disabilities suffer more frequently from headaches, sleep disorders, changes in eating or drinking habits, fatigue, muscle pain, severe distress, stomach problems, depression, and anxiety

In their comparative study, Dembo, Mitra and McKee (2018) found that men and women with disabilities had poorer outcomes in terms of anxiety, depression and severe problems compared to men and women without disabilities. Also, according to some research, harassment, abuse or violence can significantly impact mental and physical health, often leading to severe outcomes such as hospitalization, increased suicide attempts, and suicidal thoughts (Healy 2020). A survey conducted as part of the *Leicester Hate Crime Project* found that respondents felt insecure, anxious, vulnerable, angry, depressed, addicted to alcohol and drugs, etc. because of experiencing property crime, violent crime and sexual violence (Chakraborti, Garland, Hardy 2014). Marinić (2020) states that the issues of discrimination and violence are negatively correlated with levels of personal happiness, life satisfaction and all areas of personal well-being. Victims of violence are sometimes assured that they are bad and useless or that they deserve abuse or neglect, which destroys their self-confidence and reinforces their sense of worthlessness (Miller, Porter 1983; Milić Babić 2009; Kuemmel 2017). In this sense, the negative effects of imposed and internalized discrimination of lower expectations can also be mentioned which often leads some victims to believe that they need to tolerate the violence they are exposed to because they are a burden on certain individuals or society (Lefebvre 2019). Similarly, Burch (2021) emphasizes the danger of long-term disabled hate violence and oppression that can lead to the internalization of hatred that then negatively shapes the victim's sense of self-identity, self-esteem, values, and behaviour in the present and future. The consequences of disability hate violence are even more frequent and intense when they occur because of intersectional discrimination, i.e. when the intolerance is directed at a person who is a member of the LGBTQ+ and/or BIPOC community in addition to having a disability. However, it is worrying that there is very little research or specific interventions aimed at this high-risk and vulnerable group (Gault, Wetmur, Plummer, Findley 2023)

The presence of violence in the population of people with disabilities has consequences not only for the victims but also for the social community, causing further divisions and deterioration of relations between different social groups (Healy 2020). The denial of the right to report violence and the relativization of violence lead to a deterioration of physical and mental health, withdrawal from society and the acceptance of violence and abuse as something normal. Ignoring the consequences of violence by the victims is also supported by the fear of accusations that they exaggerate, as well as the fear of revenge or the loss of privileges, guardians, partners, friends, social networks, jobs, housing, etc. Therefore, research in this area is warranted and relevant to society as a whole. Specifically, it is essential to further emphasize the importance of screening individuals with disabilities for experiences of violence and ensuring that trauma treatment is accessible to all. Namely, according to some statistics, only 20% of sexual violence is reported (Verdugo, Bermajo 1997), while according to a study by Willot, Badger and Evans (2020), conducted in a *Community Learning Disability Team* within a UK NHS trust, only 4.4% of cases of abuse were reported to the team. The reason for this is that the victims are usually persuaded not to tell anyone, and that means that most of the cases are covered up by hush-up, threats, shame, self-blame, and fear of revenge, and thus hidden by silence and suffering behind closed doors. Identifying and addressing these issues early can significantly improve the overall well-being of individuals with disabilities, helping to prevent the long-term consequences associated with such traumatic experiences.

### **3. PREVENTION STRATEGIES AND TREATMENT OF VIOLENCE AGAINST PEOPLE WITH DISABILITIES**

The awareness that people with disabilities are disproportionately victims of violence has led to the adoption of various documents that create a legal basis and oblige professionals from various disciplines to actively participate in the prevention and sanctioning of violence against them (Šesto, Buljevac, Leutar 2015). Such an important umbrella document is Article 16 of the *United Nations Convention on the Rights of Persons with Disabilities* which mandates that “States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence, and abuse, including their gender-based aspects” (2008). Over time, some other recommendations emerged as well. For example, a very detailed set of 222 recommendations is prepared in the frame of *Final report of the Australian*

*Royal Commission into Violence, Abuse, Neglect and Exploration of People with Disabilities* (2023), These recommendations consider and suggest what changes are needed to improve laws, policies, structures and practice to ensure that we live in a more inclusive and equitable society that supports the independence of people with disabilities and their right to live free from violence, abuse, neglect and exploitation. They are addressed to the government and non-governmental agencies, such as service providers and professional associations responsible for training in disability and related health areas. Furthermore, the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (1987) or the Global Report on Health Equity for Persons with disabilities prepared and published by the World Health Organization (2022) should be mentioned.

But, despite the increasing number of legal provisions regulating violence, too little attention is still paid to this topic. Just as victims of violence often turn to silence, society behaves similarly. In this sense, Gault, Wetmur, Plummer and Findley (2023) have pointed out that marginalised voices tend to be just a footnote when they are not at the centre of our movements. Because of that, more awareness of the importance of violence prevention needs to be encouraged. It should start at the national level by strengthening the safety and resources necessary to provide victims with legal, material, health, and psychological support. As stated by Rusac (2009), the problem of violence against persons with disabilities should be addressed in a multi-disciplinary and cross-sectoral manner, focusing on research, education, prevention measures and awareness-raising among experts, persons with disabilities and the community. Bearing in mind the implementation of various interventions, Gault, Wetmur, Plummer, and Findley (2023) pointed out that all three types of interventions should be equally used, e.g. primary ones, which are carried out before violence occurs; secondary ones, which aim to prevent escalation; and tertiary, which are carried out after violence has occurred. Within this model, primary intervention could be violence prevention education programs, secondary intervention could be violence screening, and tertiary intervention could be follow-up services or resources. Often, interventions for people with disabilities are targeted at the tertiary level and are reactive. Such practice is inappropriate because it supports the idea that they should be protected and not provided with information that enables their safety as a fundamental human and existential right. Consideration should also be given to successful ways of removing barriers that lead to violence being concealed and not reported. These barriers in most cases include: a) the suspicion that other people will not believe them and that they cannot be reliable witnesses, b) the lack of a trusted person to tell about the

violence, c ) the need to avoid reliving embarrassment, fear, shame and the whole traumatic experience, when describing the details of the violence to other (unknown) people, d) the fear of perpetrator's revenge, e) the fear of betraying or losing a close person, who is also the perpetrator of the violence, if this person will be accused, f) the fear of involving the police, g) the fear of being held responsible for experienced violence, h) the lack of verbalisation skills or cognitive capacity necessary to understand or describe the committed act of violence, etc. (Milić Babić 2009; Mueller, Forber-Pratt, Sriken 2019). Mitigating or removing these barriers should include educating both victims and professionals, sharing examples of good practices, and strengthening family and community support.

In the field of education, Child Assault Prevention - CAP is one of the highest qualities and most comprehensive primary child abuse prevention programs in the world; used since 1978 and implemented in 19 countries around the world. This program aims to reduce the vulnerability and exposure of children and adolescents to various forms of violence by teaching them effective prevention strategies and ensuring better support from essential adults (parents, guardians and educators), as well as encouraging the local community and educational institutions to actively engage in and systematically address the primary prevention of violence against children and adolescents. As part of the CAP program, the *Special Needs CAP* is designed for children with mild intellectual and developmental disabilities. This program is conducted in 3 steps, including a lecture for the entire institution staff, a lecture for parents and workshops for children. The workshops for children take place over five days, during which they learn about the perception of the body, recognise the rights that belong to the body, and develop self-confidence and independence (CAP 2024). Furthermore, in their systematic review of the effectiveness of intervention strategies in reducing and preventing domestic and family violence, Saleme et al. (2023) found that significant positive results were achieved through the use of techniques such as role-play and in-situ scenarios, behavioural skills training, individual and group face-to-face lessons, storytelling (including storybook), computer-based solutions, the use of realistic videos in training materials, psychoeducation, carer-focused training, and family programs. Their implementation positively impacted on safety skills, self-efficacy and safety behaviours, self-protection and decision-making skills, abuse awareness, safety knowledge and skills, safety self-efficacy, social support, and safety-promoting behaviours. In addition to education and intervention strategies, it is of course, necessary to implement a whole range of activities to make it easier for people with disabilities to recognise and deal with violence and to help them gain the attitude that

they have the right to react, i.e. to refuse, to stop and to report the behaviour that causes them harm and pain. According to Powers and Oschwald (2004) some of these activities are:

- providing a 24-hour support service (crisis line) that allows victims to communicate with someone experienced in dealing with people with disabilities and victims of violence for psychological support and help in planning next steps,
- availability of interpreters (e.g. for people with hearing, speech, or intellectual disabilities),
- giving a person with a disability the opportunity to choose a personal assistant,
- ensuring that each person has an accessible telephone or emergency button that they can use independently inside or outside the home,
- connecting them with professionals who can help them,
- involving family members and friends they trust in providing support,
- providing people with disabilities with the information and tools they need to identify and prevent violent behaviour through education and counselling,
- educating professionals and the broader social community about the problem of violence against people with disabilities,
- engaging centres for independent living, self-advocacy organizations, survivor drop-in centres and support groups.

In addition to preventive strategies, therapeutic approaches that can help traumatized people to alleviate the psychophysical and social consequences of violence are also important. For example, Araten-Bergman and Bigby (2020) list some possible interventions used with people with intellectual disabilities and refer to: 1) Behavioural Skills Training focused to appropriately recognize and respond to situations of sexual abuse, 2) Training Based on a Cognitively Oriented, Decision-Making Approach aimed to teach effective decision-making strategies to adults with mild to moderate intellectual disabilities, and 3) Staff Educational Training – workshop for care service providers to improve their awareness and knowledge of sexual abuse and to teach people with intellectual disabilities a positive attitude towards their sexuality. In addition, some research has confirmed that cognitive behavioural therapy (CBT) and eye movement desensitization and reprocessing (EMDR) can be effective approaches to promote change in associated externalizing and internalizing behaviours and reduce trauma-related symptoms caused by various traumatic experiences. Of course, therapists need to be aware of treatment options, especially when working

with clients with more complex needs and less verbal communication skills, as well as severe PTSD symptoms (Byrne 2022). Also, some systematic reviews have also found that CBT-based interventions can be effective in treating PTSD and depressive symptoms in survivors of domestic violence and sexual abuse (Oram, Khalifeh, Howard 2016). Trauma-focused cognitive behavioural therapy (TF-CBT), a manualized intervention for children and adolescents with trauma experiences and related mental health symptoms, is particularly useful. It can also be conducted with parents and guardians who have suffered the consequences of indirect trauma, who have witnessed violence against their child, or who are an important source of support for a traumatized child (de Arellano et al. 2014).

Recently, body-oriented therapies have also become valuable interventions for people who have experienced violence. These include, for example, the trauma-informed model of mindfulness-based stress reduction (TI-MBSR), which has been shown to be a promising and viable intervention for female survivors of interpersonal trauma (Kelly, Garland 2016). Or Somatic Experiencing® (SE) therapy, which aims to directing a person's attention to interoceptive, proprioceptive and kinaesthetic sensations as well as instinctive, bodily protective responses associated with acute stress reactions in the form of fight, flight and freeze under therapeutic conditions (Payne, Levine, Crane-Godreau 2015). As part of body-oriented therapies, dance movement therapy (DMT) can be used to enhance physical and emotional capacity, strengthen body-mind unity, trauma processing on body level, and help the body to create metaphors, images, and symbols. Based on the results of research and clinical practice, including the body in the therapeutic process is necessary because the body is often a victim but also a reminder of physical and sexual abuse. Therefore, supporting body experience, attunement, embodiment, and kinaesthetic empathy is the beginning of connecting with the body and related feelings, and memories (Liang, Bryant 2024).

To promote a sense of well-being and enjoyment, some other expressive art therapies and complementary therapies such as music therapy, art therapy, bibliotherapy, psychophysical relaxation, breathing exercises, meditation, mindfulness, guided imagination, etc., can also be used as part of various therapeutic approaches. In any case, the chosen therapeutic approach must be adapted to the individual's needs and preferences to encourage the therapeutic alliance and rebuild trust in interpersonal relationships. Future research and practical models should consider victims' cognitive, intellectual, and physical abilities, focusing on the long-term effects of interventions. Likewise, interventions should not only target victims of violence but also their caregivers, partners, and professionals, particularly those experiencing indirect trauma.

These efforts can additionally improve emotional attachment and mitigate various negative effects of violence on interpersonal level

#### 4. CONCLUSION

Violence against people with disabilities is historically but still under-examined issues. The review of the literature revealed that there is a lack of research, and these existing ones pointed out that people with disabilities are much more likely to experience various forms of violence compared to the general population, and despite this, they are often not recognized, or the victims are not encouraged to report and prosecute the perpetrators. Furthermore, the consequences of any kind of violence can be very serious and long-lasting, causing problems in physical and mental health and social interaction. For this reason, the task of society should be to prevent a spiral mechanism in which one fateful unfavourable situation, such as a disability, triggers a series of others. In this context, the requirements for designing and implementing various educational, legislative, administrative, social and other measures to protect persons with disabilities from different types of violence is emphasised. They can be divided into several categories, such as:

- *social and legal policy* – developing and implementation of social and legal protection to ensure the safety and human rights of persons with disabilities,
- *systems of support* – improving and expanding the different systems of support that provide help and advocacy for persons with disabilities in the framework of government institutions, non-governmental organisations, and institutions relevant to providing professional, advisory, or therapy interventions.
- *education and empowerment* – implementation of different educational programs and counselling aiming to help individuals recognise violent situations and become more familiar with various systems of support and their rights in the area of social and legal protection, etc.
- *raising awareness* – providing activities which would change negative perceptions and attitudes against people with disabilities and would influence public opinion to realise the importance of recognition and preventing violence in order to promote a more inclusive society that provides a more effective network of support and protection.

Namely, it is necessary to encourage further research and various activities that would support the idea that every being, regardless of its potential, deserves care and protection, especially vulnerable groups whose pain and suffering are sometimes treated as inevitable destinies. However, the strength, fighting spirit and dedication shown by people with disabilities are proof of their magnificence, which should not be rewarded with verbal or physical blows, but with tolerance, respect, and appreciation. In this context, they have the right to have relations with others in which their values, will and choices are recognized. In this way, good conditions would be created to enable self-realization, emotional attachment, and body at tunement in people with disabilities.

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## **NASILJE I OSOBE S INVALIDITETOM: ZLOSTAVLJANJE KAO SUDBINA**

### **Sažetak:**

Osobe s invaliditetom su „lake mete“ jer često nemaju stečena znanja o primjerenom ili neprihvatljivom ponašanju, nemaju dovoljno stečenih socijalnih vještina ili ponekad vjeruju da zbog svoje ovisnosti o drugima moraju biti pomirljivi te da nemaju pravo protestirati ili se pobuniti. Također, fizička ili psihička odstupanja koja ponekad sugeriraju nečiju slabost kod drugih osoba mogu uzrokovati osjećaj dominacije i nadmoći, koji se u određenim situacijama može pretvoriti u potrebu za fizičkim ili emocionalnim zlostavljanjem. Nažalost, statistike pokazuju da se veći broj osoba s invaliditetom, u većoj ili manjoj mjeri, susreo s nekim oblikom nasilja, posebice u ženskoj populaciji. Nasilje može imati brojne i ozbiljne psihofizičke posljedice na osobe koje se već ionako bore sa zdravstvenim, funkcionalnim i/ili psihičkim smetnjama te posljedično imaju poteškoća u ostvarivanju potrebne kvalitete života i ljudskih prava. Zbog toga bi zadaća cjelokupnog društva trebala biti usmjerena na sprječavanje spiralnog mehanizma u kojem jedna sudbonosno nepovoljna situacija, kao što je invaliditet, pokreće niz drugih. Svako biće, bez obzira na njegove potencijale, zaslužuje brigu i zaštitu, a posebno ranjive skupine čija se patnja, bol ili ograničenja doživljava kao njihova neizbježna sudbina. No, snaga, borbenost i predanost osoba s invaliditetom dokaz je njihove veličanstvenosti koja ne bi trebala biti nagrađena verbalnim ili fizičkim udarcima, već tolerancijom, poštovanjem i uvažavanjem.

**Gljučne riječi:** osobe s invaliditetom; nasilje; psihofizičke posljedice; prevencija

Adresa autorice

Author's address

Renata Martinec

University of Zagreb

Faculty of Education and Rehabilitation Sciences

renata.martinec@erf.unizg.hr

