Royal Commission
into Violence, Abuse, Neglect and Exploitation
of People with Disability

Research
Report

Rapid Evidence Review:

Violence, abuse, neglect and exploitation of people with disability

Centre for Evidence and Implementation & Monash University

August 2021

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About CEI

The Centre for Evidence and Implementation (CEI) is a global, not-for-profit evidence intermediary dedicated to using the best evidence in practice and policy to improve the lives of children, families, and communities facing adversity. Established in Australia in late 2015, CEI is a multi-disciplinary team across four offices in Singapore, Melbourne, Sydney and London. We work with our clients, including policymakers, governments, practitioners, program providers, organization leaders, philanthropists and funders in three key areas of work:

• Understand the evidence base

• Develop methods and processes to put the evidence into practice

• Trial, test and evaluate policies and programs to drive more effective decisions and deliver better outcomes

Monash University

Monash University, the largest university in Australia, is ranked in the world's top 100 and is a member of the prestigious Group of Eight Australian universities. The School of Primary and Allied Health Care is part the Faculty of Medicine, Nursing and Health Sciences, one of the world's top health education institutions. Our group's objective is to generate, synthesise, and apply rigorous evidence to advance positive individual, family and social change. We have expertise in experimental and quasi-experimental design; systematic reviews of scientific literature; measuring and accounting for implementation processes and outcomes; large scale data analytics; and the design and use of administrative, survey, and interview data in research. We partner with CEI on a large number of projects in Australia, Singapore, and the UK.

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Summary

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019 in response to community concern about widespread reports of violence against, and neglect, abuse and exploitation[1] of, people with disability. This rapid review – undertaken by the Centre for Evidence and Implementation in partnership with Monash University – reviews evidence that describes experiences of violence, abuse, neglect and exploitation, with the aim of preventing this from occurring, and better supporting people with disability.

We had two key review questions:

- What are the risk and protective factors associated with violence, abuse, neglect and exploitation of people with disabilities from birth to 65 years?

- What is the nature of violence, abuse, neglect and exploitation experienced by people with disabilities from birth to 65 years?

The scope of the review was limited to avoid overlap with the Aged Care Royal Commission and to reflect contemporary disability policy and legislation within four Commonwealth Western Industrialised countries with similar economic, political and legal systems.

We used a rigorous and systematic process to identify 168 papers in the peer reviewed literature: 60 publications focused on risk and protective factors and 109 publications focused on the nature and experience of violence against, abuse, neglect and exploitation of people with disability (and one publication focused on both of these topics).

Evidence from studies focused on risk and protect factors related to violence against, abuse, neglect and exploitation of people with disability suggest:

- **Having a disability increases the risk of experiencing violence, abuse, and neglect**. The overarching finding across almost all studies was that people with disabilities were more likely to have experienced all types of violence, abuse, neglect and exploitation when compared to people without disabilities.

- **Being a female with a disability increases the risk of experiencing violence and abuse**. This includes studies focused on violence, violent crime or victimisation, intimate partner or gender-based violence, sexual abuse and physical abuse.

- **The reported risk factors are limited, primarily focussed at the individual level, and static**. There was a focus more on individual and static (usually unchanging) risk factors, such as disability status or gender and little attention to different types disability, groups or intersectionality.

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1   Our review uses the definitions for violence, abuse, neglect and exploitation used by the Royal Commission.

The literature largely reports 'risk factors' as a statistical term that describes any individual or environmental factor with an increased likelihood of being associated with another factor. This review reports on individual risk factors, such as having a disability or being female, increasing the experience of violence, abuse, neglect or exploitation. However, it is important to clarify that being at an increased risk of experiencing violence, abuse, neglect and exploitation should not be interpreted as an individual – who may be at a greater risk for a characteristic that they possess – being somehow to blame for that experience. The responsibility of violence, abuse, neglect and exploitation lays with the perpetrators and systems that enable its occurrence.

Evidence from studies focused on the nature and experience of violence, abuse, neglect and exploitation of people with disability suggest:

- **People with disability have repetitive experiences of violence, abuse, neglect and exploitation across the lifespan**. This included both overt (e.g., sexual abuse, economic abuse, physical abuse and bullying) and covert (e.g., discrimination and stigma, exploitative familiarity and disability shaming) experiences of violence, abuse, neglect and exploitation. Social isolation and ablest discrimination perpetuated by systems and care staff place people with disability at risk of experiencing a cycle of violence, abuse, neglect and exploitation. Dependency increases exposure to violence, abuse, neglect and exploitation and can lead to exploitative familiarity or mate/hate crime.

  A particular form of violence, abuse, neglect and exploitation discussed in the literature is exploitative familiarity. 'An incident of exploitative familiarity is one which involves the exploitation of apparent mutual friendship or familiarity and which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability'.

  The review points strongly to the cyclical nature of violence, abuse, neglect and exploitation in the lives of people with disabilities. Violence, abuse, neglect and exploitation is cyclical, and occurs across the life course, from childhood to adulthood. There is a recurring theme that violence, abuse, neglect and exploitation occur repeatedly over a prolonged period of time, rather than as an isolated event. It can occur in a variety of settings (e.g., education, home, care settings) and be perpetrated by people with varying degrees of familiarity with the person with a disability. The experience of violence, abuse, neglect and exploitation creates a situation where people with disabilities are more likely to encounter this behaviour repeatedly over time. This holds true for various forms of violence, abuse, neglect and exploitation, including sexual abuse and violence, economic abuse, physical abuse and violence. Violence, abuse, neglect and exploitation can be perpetrated by both people who are known to the person with a disability (family, friends, carers) and professionals (teachers, police, paid carers etc.).

  The literature also revealed that there are key experiences that leave people with disabilities more likely to experience violence, abuse, neglect and exploitation in a cyclical manner. This includes social isolation, discrimination, stigma, vulnerability, a dependency on others, and a lack of support services.

- **People with disability experience challenges in reporting violence, abuse, neglect and exploitation**. This includes how reports of violence, abuse, neglect and exploitation are received by professionals and care staff, the lack of clear shared definitions of violence, abuse, neglect and exploitation among services, and a lack of systems to support people with disability to report violence, abuse, neglect and exploitation. These factors, along with a lack of support for people with disabilities to recognise or understand when they are in abusive situations, likely account for a general reluctance to report violence, abuse, neglect and exploitation experienced by people with disabilities.

- **Underlying mechanisms reflect expectations and a lack of education about violence, abuse, neglect and exploitation**. People with disabilities who experience violence, abuse, neglect and exploitation experience a disruption to their life, which in some cases, results in a readjustment of their lifestyle to avoid such experiences and escape perpetrators' actions. People with disabilities are at particularly high risk of experiencing violence, abuse, neglect and exploitation if they are not provided with adequate education to identify and recognise such behaviours. Further a lack of education for formal and informal carers and professional results in carers, support workers and other professionals being unable to adequately and appropriately support people with disabilities experiencing violence, abuse, neglect and exploitation.

There are significant gaps in the evidence that will need to be addressed if we are to prevent and protect against violence, abuse, neglect and exploitation of people with disability. These gaps are:

- **Studies investigating risk and protective factors were framed at the level of the individual with a disability**. There was a lack of quantitative studies meeting our inclusion criteria examining broader risk factors at the relationship, community, or societal levels. For example, very few studies examined perpetrator characteristics as risk factors. There were also very few studies that assessed larger systemic factors that expose people with disabilities to a higher risk of violence, abuse, neglect, or exploitation, or highlighted the presence or absence of structures and systems that support people with disabilities.

- **Risk and protective factors tend to be static rather than dynamic factors or characteristics that could be addressed by changes in policy or practice**. The literature we identified in this review placed the focus of risk on largely static factors within the individual (e.g., disability and gender). While this may help policymakers target interventions, by gender for example, it does not help inform what the focus of these interventions should be, nor does it target specific actions that, if taken, mitigate risk for individuals with disabilities.

- **Disability is presented as homogenous rather than diverse**. The current state of research into violence against, abuse, neglect and exploitation of people with disabilities included in this review is stark in its lack of diversity in experiences related to the type of disability experienced (e.g., people with physical or sensory disabilities were rarely studied independently). Intersectionality was not often taken into account, e.g., whether a person identified as First Nations, culturally and linguistically diverse or as LGBTQI was rarely measured or reported.

- **A deficit model is used to describe people with disability**. The majority of studies included in this review presented data from a deficit-based perspective. The focus was on the vulnerability of people with disabilities, rather than on the agency or capabilities of people with disabilities. Rather than identifying the ways in which the people who are closest to the person with disability, care workers, communities or society fail, the research generally focuses on the ways in which people with disability struggle within existing systems.

We recommend the results of this review be interpreted cautiously given scope limitations and the use of only peer reviewed literature. Even so, the findings suggest a need for further research on protective factors and interventions that take a lifespan perspective in preventing and protecting people with disability from violence, abuse, neglect, and exploitation.

1. Background

1.1. The Royal Commission

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability.

The Disability Royal Commission investigates:

- preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation

- achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability

- promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.[2]

This rapid review focuses on reviewing evidence for preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation.

1.2. Addressing the prevention knowledge gap

There are significant knowledge gaps in our understanding of violence against, and the neglect, abuse and exploitation of, people with disability. Analysis of data from the Personal Safety Survey (PSS) administered by the Australian Bureau of Statistics (ABS) undertaken for the Royal Commission (1) found:

- People with disability were more likely to experience violence than people without disability

- The intersection of gender and disability impacted on the extent and nature of violence

- Young people with disability (aged 18-29) experienced high rates of violence, and

- The extent and nature of violence varied by impairment type (i.e., psychological, cognitive, sensory/speech and physical).

While the above gives us an idea of who is most likely to report violence against, neglect, abuse and exploitation, we do not know how people with disability experience this violence, abuse, neglect, and exploitation, or what the relevant risk or protective factors are that could inform the development of the Royal Commission's recommendations.

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2   Please see the Disability Royal Commission website for more detail on the scope and work
of the Royal Commission. Available at: https://disability.royalcommission.gov.au/

1.3. Focus of the rapid review

The Royal Commission was interested in understanding the evidence on what governments, institutions and the community should do to prevent, and better protect, people with disability from experiencing violence, abuse, neglect and exploitation.

This rapid review focuses on the following keys to improving prevention:

- identifying factors that increase and decrease the risk of violence against, and abuse, neglect and exploitation of, people with disability (i.e., risk and protective factors), and

- understanding the contexts that violence against, and abuse, neglect and exploitation of, people with disability occurs in.

The Royal Commission will use the findings of this rapid review to inform the final report and recommendations on preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation.

1.4. How to read this report

This report presents the results of the rapid review and our methodological approach to selecting, collating and synthesizing the literature we identified. Wherever possible, we have moved in-depth detail relevant to the rapid review methodology to the appendix. The summary provides an overview of this approach.

On reading this rapid review report, please remember:

- findings are limited by what has been published, in the public or academic domain and within scope of this review, and

- findings relate to Australia, New Zealand, the United Kingdom and Canada only.

We made the following decisions about how best to describe the results of this rapid review. First, the publications we identified were not always clear about what type of violence, abuse, neglect and exploitation the people with disability described in the paper had experienced. We decided to:

- use the author/s selected terms when referring to a specific paper, and

- use violence against, abuse, neglect and exploitation of, people with disability when summarising the synthesised results and key findings.

In describing the results, we also made the decision to:

- use the author/s selected framing of the issue (e.g., an attribute of the individual or group with disability as a risk factor) to ensure we reflected the results accurately in the results section, and

- use a social model perspective and disability rights approach in describing the synthesised results (e.g., the environment, or the way in which others respond to the attribute of the individual or group with disability, as a risk factor) in the key findings section.

2. Methods

2.1. What were the rapid review questions?

A rapid review is a systematic way of producing evidence for use by policymakers and other stakeholders (see Box 1). We had two key review questions:

- What are the risk and protective factors associated with violence, abuse, neglect and exploitation of people with disabilities from birth to 65 years?

- What is the nature of violence, abuse, neglect and exploitation experienced by people with disabilities from birth to 65 years?

2.2. What criteria did we use to select studies?

We selected studies for inclusion in the review if:

- the **population** was any person with a disability between the ages of birth to 65 years, and

- the **years of publication** were 2001 to 2020, and

- the **settings** were any setting, including but not limited to home, residential, work, study, prison and detention, and community settings, and

- the **geographical location** was Australia, New Zealand, the United Kingdom and Canada.[3]

Study designs were very broad and were included if they:

- reported statistical associations between any risk or protective factor and any variable relating to abuse, neglect or exploitation of, or violence against, the target population, and/or

- allowed for the collection of data relating to the experience of abuse, neglect, exploitation, or violence as perceived by the target population.

The rapid review inclusion and exclusion criteria is presented in full in Appendix A1.

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3   Inclusion criteria were limited to avoid overlap with the Aged Care Royal Commission and to reflect contemporary disability policy and legislation within four Commonwealth Western Industrialised countries with similar economic, political and legal systems.

> **Box 1: What is a rapid review?**
>
> • A rapid review is a form of knowledge synthesis that accelerates the process of a traditional systematic review through the streamlining of methods to produce evidence for stakeholders (2).
>
> • Our approach involved a systematic, transparent and replicable evidence search strategy and using established, well validated and credible screening and synthesis methods that enabled us to identify and synthesize quantitative and qualitative evidence while minimising as much bias as possible.

2.3. How did we identify and screen studies?

Publications reporting primary studies, identified within the peer-reviewed or grey literature, were considered eligible for this review. We developed – in conjunction with the Disability Royal Commission team – a series of search terms (see Appendix A2) and then undertook a systematic search of the following 3 databases:

• PubMed – a database of journal articles in life sciences and biomedicine, including literature in public health and health policy

• PsycInfo – a database of journal articles in the behavioural and social sciences

• CINAHL – a database of journal articles in nursing and allied health.

These searches resulted in the team identifying a number of published, peer reviewed studies eligible for screening, extraction and synthesis (see sections below). We also used relevant grey literature – sourced through the Royal Commission site and key stakeholders – in scoping our approach and framing the review findings.

We used Covidence, a systematic review management software, to assist with review screening. The team independently screened titles and abstracts for review inclusion and identified publications that required further assessment from another reviewer. Where needed, titles and abstracts were reviewed by two members of the team before decisions were made about whether a paper was included, excluded or sent for full-text review.

Publications screened in through this process – including those where we were unable to make a decision based on the title and abstract alone – were then subject to full-text screening. We undertook independent duplicate screening of full text publications and held regular (and sometimes daily) meetings across the team to scrutinise the process and make decisions on publication inclusion and exclusion. Where a decision could not be made by the team, inclusion was resolved by an expert reviewer.

2.4. How did we collect and synthesise the data?

A team experienced in rapid review process extracted data from the included publications. Data from quantitative and qualitative publications were extracted into MS Excel spreadsheets developed to address each review question, and included information such as study design, characteristics (e.g., location, population) and findings.

We addressed each review question separately using different types of studies, before bringing the results together, as described below.

2.4.1. Risk and protective factors

We addressed review question 1, on risk and protective factors, using a synthesis of quantitative studies. Meta-analyses were not planned due to the limited time available to undertake this review.

In order to present the risk and protective factors reported by the included studies, we:

i. Extracted information relating to the study design, participant population (including type of disability), type of violence, abuse, neglect and exploitation reported, and the risk and protective factors presented by the main analyses within the studies.

ii. Further coded type of disability and type of violence, abuse, neglect and exploitation.

iii. Described the findings narratively and present a summary of study characteristics in tabular form at Appendix A3.

We reported odds ratios where studies reported it but this was not common practice across the literature reviewed.

2.4.2. Nature and experience of violence

We addressed review question 2, on the nature and experience of violence, abuse, neglect, and exploitation using a synthesis of primarily qualitative research studies. In order to conduct the qualitative analysis of the themes we:

i. Extracted the themes as presented in each article that was included in the review for Question 2.

ii. Examined the themes first from the perspective of the type of violence, abuse, neglect and/or exploitation presented in the article. This included a specific review of articles that examined multiple types of violence, abuse, neglect and exploitation, as well as those that examined systemic forms of abuse or neglect.

iii. Considered the over-arching narratives of intersectionality, gender and a life-course view, and created first-order codes to represent each group.

We chose not to use a specific framework to guide the thematic analysis of the findings from the qualitative literature. Using phenomenological analysis and being open to all themes that emerged from the literature was determined to be the most appropriate approach given the breadth of the question. Using the over-arching framework provided by the Royal Commission (intersectionality, gender and life course) provided a basic structure to guide the analysis.

After creating the first-order codes, we then further interrogated these codes to create a code tree of higher order codes and finally arrived at the key themes presented in this report.

While we present the key themes and subthemes as distinct, we acknowledge the complexity of this issue and note the many interconnections between themes and subthemes. That is, individuals with a disability are often at the nexus of many intersecting issues that shape their experience (e.g., having a disability and being female at a workplace – both may be associated with increased experiences of violence, abuse, neglect and exploitation).

2.4.3. Organising and linking the results from each question

The experience and perpetuation of violence, abuse, neglect, and exploitation against people with disabilities, the presence of risk and/or protective factors, and the overall nature of violence, abuse, neglect and exploitation of people with disabilities is a multi-faceted and complex issue that can be examined in multiple ways.

We organised and linked the results together from each question using an ecological framework. Mapping findings to the individual, relationship, community and societal levels enables an overarching view of the included evidence on the nature of violence, abuse, neglect and exploitation experienced by people with disability, including identified risk and protective factors.

2.5. What role did stakeholders have in the review?

One of the key benefits of rapid reviews is that they are responsive to the evidence needs of policymakers working to address complex social policy issues. This is both in terms of the scope of the review question/s and the inclusion of stakeholders at key points in the review process.

We worked with two groups of key stakeholders over the course of this review:

- the Royal Commission policy teams working on different elements of responses violence against, and abuse, neglect and exploitation of, people with disability; and

- the Advisory Group established by the Rapid Review Team comprising members with lived experience of disability and disability service providers and advocates.

We met twice with both groups in the initial scoping and conduct of the review and then in receiving critical advice on the interpretation of results, including the way in which to communicate the nature of violence, abuse, neglect and exploitation experienced by people with disability.

3. Results

This section presents a synthesis of the 168 studies identified on risk and protective factors, and the nature and experience of violence, abuse neglect and exploitation of people with disability.

3.1 How many publications did we find?

We identified a total of 8062 publications from the search strategy. After we removed duplicates, 5704 remained for title/abstract screening. Of these, 565 publications underwent full text screening, and 168 publications were identified as meeting the inclusion criteria for one or both of the review questions. Of these:

• 60 publications (n = 59 studies, because two publications reported the same study) met the inclusion criteria for question one (risk and protective factors)

• 109 studies met the inclusion criteria for question two (nature and experience), and

• one study met the inclusion criteria for both research questions.

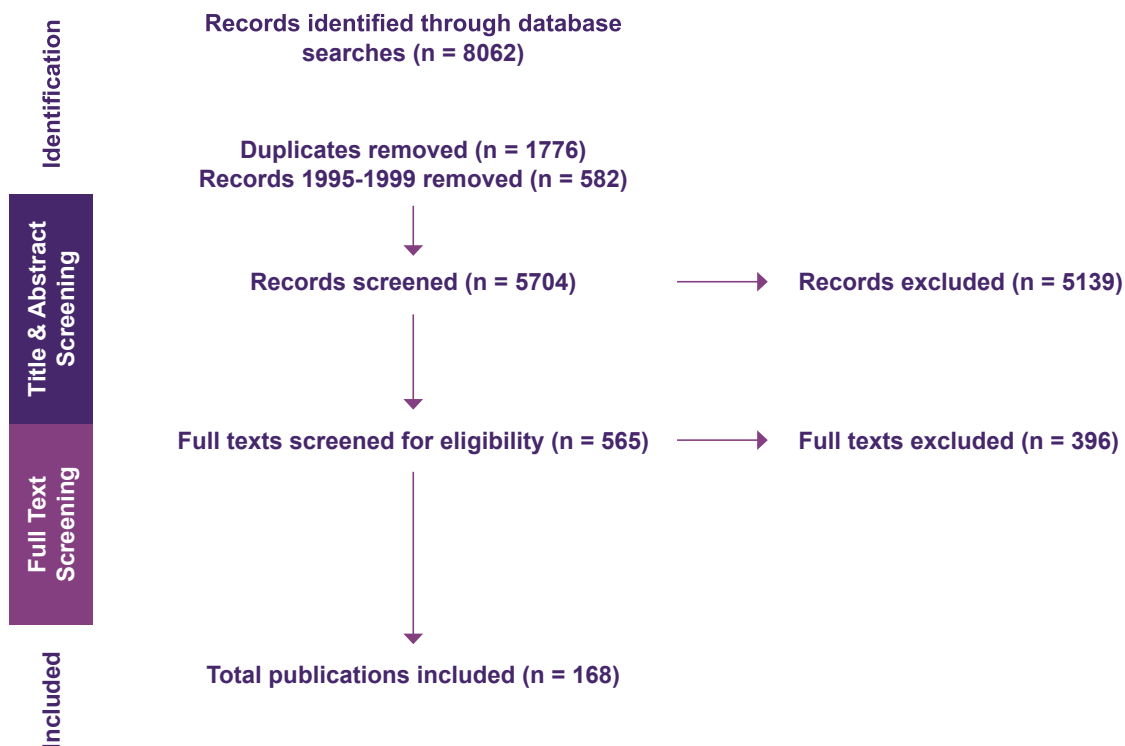This process is summarised in the PRISMA flowchart[4] below.

Figure 1: PRISMA flowchart

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4   PRISMA refers to Preferred Reporting Items for Systematic Reviews and Meta-Analyses and is an evidence-based minimum set of criteria for reporting reviews.

3.2. Literature on risk and protective factors

The objective of this component of the review was to identify literature that reported the risk and protective factors associated with experiences of violence, abuse, neglect and exploitation of people with disabilities from birth to 65 years.

This section reports the key findings relating to risk and protective factors associated with violence, abuse, neglect and exploitation. Appendix A3 includes a full summary of the characteristics of the included studies described in this section.

Figure 1 outlines the database search and screening process. A total of 60 publications met the inclusion criteria, identified from 565 full text publications. One study was reported in two publications and this will be reported as a single study here (therefore, a total of n = 59 studies) (3–66)International SCI Quality of Life Basic Dataset, and the Physical Disability Sexual and Body Esteem scale. Questions regarding demographic and clinical characteristics, sex, sexual orientation, relationship status, disability, sexual interest and satisfaction, and sexual abuse. Results: Most SCD participants were male (n = 92, 67%. Twenty-four studies were conducted in the United Kingdom, 20 studies were from Canada, and 15 conducted in Australia. The studies were published from 2001 to 2020. Between one to six studies were published each year between 2001 to 2019, and seven studies were published in 2020.

3.2.1. What types of studies reported risk and protective factors?

Of the total number of studies, 33 used surveys/questionnaires as their main source of data, using either cross-sectional or longitudinal population sampling or study designs. Surveys/questionnaires were distributed online or in hardcopy, or undertaken using phone/SMS or face-to-face interviews. A further 15 studies used forms of administrative data, which included case notes, structured administrative data, and linked data from government and other service organisations. Ten mixed methods studies study used a combination of these approaches. Sub-groups were generally constructed from these data to make statistical comparisons, e.g., a group of people with disabilities was compared to a group without reported disabilities. One further study used a quasi-experimental design.

3.2.2. Who were the participants across the studies?

Ages

A majority of the studies (n = 27 studies) included youth and adult participants with a broad range of ages. Of these, 14 studies included participants from 15-18 years of age, up to late adulthood, at around 60+ years. One study included participants from 5 to 55 years of age, and a further ten studies included participants primarily in middle adulthood, aged between 15 to 50 years. Child and/or youth populations were the focus of 23 studies. Of these,

10 included a broad range of age groups (for example, 0-18 years), and 13 studies included participants from a more narrowly defined age bracket (for example, 0-5 years of age). Eleven of the included studies did not specify the age of the participants.

Gender

A vast majority of the studies (n = 43) included participants from a mix of genders. Thirteen studies included only participants identifying as female, and one study included only male participants. Three of the studies did not report on the gender of the participants.

Types of disability

There was variation in the way that disability was described and reported across the studies. Therefore, we initially coded disability into five categories, which reflected how disability was reported by the studies. These were: Physical disability (e.g. spinal cord injury, cerebral palsy, activity limitations, other); Sensory disability (e.g. hearing impairment, visual impairment, other); Mental health disability (e.g. schizophrenia, bipolar, activity limitations, other); Intellectual/Developmental disability (e.g. learning disability, intellectual disability, autism spectrum disorders, other); Mixed disability populations (i.e. including one or more of the other categories, or; populations where disabilities were not specified).

A majority of the studies focused on intellectual and/or developmental disabilities (n = 20), and included participants with intellectual and learning difficulties, autism spectrum disorder and attention deficit hyperactivity disorder. Twenty-nine studies included mixed disability populations. Twenty of these studies did not assess disability type, but assessed disability using one more generalised questions. For example, "Do you have any longstanding physical or mental impairment, illness or disability?". The remaining nine studies included mixed disability populations, specifying two or more of the other disability categories. Six studies focused solely on disabilities relating to mental health, three studies on physical disability, and sensory disability (i.e., hearing impairment) was the sole focus of a single study.

3.2.3. What types of violence, abuse, neglect and exploitation were assessed across the studies?

There was substantial variation in the way that violence, abuse, neglect and exploitation was defined, measured and reported across the studies (See Appendix A3). Where possible, we coded studies into nine categories, which were: Physical abuse; Sexual abuse; Emotional abuse; Social abuse; Financial abuse; Neglect; Systemic abuse/neglect; Exploitation; Mixed (i.e., including one or more of the other categories, or; the violence type was not specified).

Of the 59 studies, 52 either did not specify or separate out a specified type of violence, abuse, neglect or exploitation, or they included more than one type in their definition and/or the included measures incorporated more than one type. These studies generally used overarching terms and measures to describe and assess violence, abuse, neglect and exploitation. For instance, 11 reported on intimate partner violence, 11 on bullying or peer victimisation, 12 reported on child maltreatment, 11 on violence, violent crime or victimisation, four focussed on hate crime, two on abuse, and one on discrimination/stigma. Across these studies, definitions and/or measures incorporated the following types of violence, abuse, neglect or exploitation: physical abuse (48 studies); sexual abuse (30 studies); emotional abuse (36 studies); social abuse (15 studies) financial abuse (9 studies); exploitation (3 studies), and neglect (10 studies). For the most part, these studies did not analyse these separately in their analyses of risk or protective factors. For example, studies assessing intimate partner violence often measured experiences of physical, sexual, and emotional violence (e.g., using the Conflict Tactics Scale), but may only have reported on intimate partner violence overall. A further five studies focussed solely on sexual abuse, and two studies examined both physical and sexual abuse. Similarly, studies examining bullying often included measures related to physical and social abuse, but generally reported on bullying overall. No studies focussed solely on physical abuse, emotional abuse, social abuse, financial abuse, neglect or exploitation.

Five studies minimally reported on factors relating to systemic abuse/neglect. These were difficult to identify because studies did not specifically report these factors as systemic abuse/neglect, however they could be broadly interpreted as such under the definition used by this review. Two studies identified dissatisfaction, and/or identified differences in the level of investigation undertaken by police when the person reporting has a disability. Two further studies reported on abuse occurring within institutional environments, and one other study investigated the attitudes of sports coaches when interacting with sports people with disabilities. In addition to this, several studies made comments or alluded to themes that relate to systems issues when systems interact with people with disabilities (out of scope here). For example, several studies recommended school-based and whole-school anti-bullying approaches when addressing the elevated risk to children with disabilities experiencing bullying in education systems (18, 43), and one study highlighted the insufficient support provided to children and youth with intellectual disabilities interacting with child protection and youth justice systems (44).

3.2.4. What factors were reported as increasing the risk of violence, abuse, neglect and exploitation?

> **Box 2: A note on language used in this section**
>
> The literature largely reports 'risk factors' as a statistical term that describes any individual or environmental factor with an increased likelihood of being associated with another factor. This section reports on individual risk factors, such as having a disability or being female, increasing the experience of violence, abuse, neglect or exploitation. However, it is important to clarify that being at an increased risk of experiencing violence, abuse, neglect and exploitation should not be interpreted as an individual – who may be at a greater risk for a characteristic that they possess – being somehow to blame for that experience. The responsibility of violence, abuse, neglect and exploitation lays with the perpetrators and systems that enable its occurrence.

Having a disability increases the risk of experiencing violence, abuse, neglect and exploitation

The overarching finding across a majority of these studies (n = 48) was that people with disabilities were more likely to have experienced all types of violence, abuse, neglect and exploitation when compared to people without a disability (or other comparison group). Studies reported that having a disability increased the risk of experiencing intimate partner violence (10 studies; physical, sexual, emotional, financial abuse), experiencing violence, violent crime or victimisation (9 studies; physical, and sexual abuse, systemic abuse/neglect), child maltreatment (11 studies; physical, sexual, and emotional abuse, neglect), bullying or peer victimisation (10 studies; physical, emotional, social, financial abuse), and disability-related hate crime (4 studies; emotional, physical, social abuse), abuse (1 study; physical, sexual, emotional, and financial abuse, neglect, systemic abuse/neglect), and sexual abuse (3 studies). The increased risk to those with a disability, when compared to a group of people without a disability, ranged from being only marginally greater to an 11-fold increase in the likelihood of experiencing maltreatment.

A portion of these studies reported separately on measures representing specific types of violence under these broader umbrella terms. For instance, intimate partner violence was associated with an increased risk of experiencing physical and sexual abuse, more severe violence, increased perpetrator-related risk behaviours, emotional and financial abuse (5 studies). Across ten studies examining child maltreatment, children with disabilities were reported as being at an increased risk of experiencing sexual and physical abuse before and during care, being reported and substantiated for any kind of maltreatment including physical, sexual and emotional abuse and neglect, being at a higher risk for placement instability and entering out of home care, experiencing multiple maltreatment incidents, and being abused

by more than one perpetrator when compared with maltreated children without a disability. Studies reporting on violence, violent crime or victimisation reported that there was a greater likelihood that people with disabilities experienced physical and sexual assault, emotional abuse, intimate partner violence, violent crime or victimisation, subsequent physical injury or development of a mental health condition, and dissatisfaction with police responses or insufficient police investigation (n = 6 studies) compared to those without a disability. Across four studies examining hate crime, people with disabilities were shown to be at a greater risk of experiencing threatened and actual violence or violent crime, and cases reported to the police were investigated less.

A quarter of the studies reported on disability as a broad group, without reporting on different types of disability (n = 22 studies). The studies that separated out disability types, or reported only on specific disabilities, indicated that people with an intellectual or developmental disability (28 studies; including intellectual or learning disabilities, autism spectrum disorders, attention deficit hyperactivity disorder, dyslexia), a mental health condition (12 studies; including anxiety, mood disorder, post-traumatic stress disorder, substance abuse disorders), a sensory impairment (3 studies; hearing, vision), or a physical impairment (5 studies; including mobility impairments, cerebral palsy, chronic health conditions) were all at a greater risk. These studies either compared these groups with a control group of people with no reported disabilities, or conducted a sub-group analyses that compared groups with different types of disabilities. However, this should be interpreted cautiously given that studies including people with intellectual or developmental disabilities were much more common, and that a third of studies grouped populations with a range of disability types that were not reported separately. While the studies that separated out disability types did indicate that some disabilities were associated with a greater or lesser risk of some types of violence, abuse, neglect or exploitation, all excepting two studies reported that having any disability increased the risk of experiencing violence, abuse, neglect or exploitation (see Appendix A3).

Being a female with a disability increases your risk of experiencing violence and abuse

Several studies reported that being a female with a disability increases the risk of experiencing violence and abuse. Compared to males, females were at a greater risk of experiencing sexual abuse (8 studies), violence, victimisation or violent crime (3 studies), intimate partner or gender-based violence (2 studies), physical abuse (1 study), emotional or financial abuse (1 study), and child maltreatment (1 study). Three studies indicated that females were also more likely than males to experience greater lifetime violence (2 studies), and more severe and sustained abuse over a longer period (1 study). The increased risk to females ranged from being only marginally greater, to a 10-fold increase in the likelihood of experiencing violence and abuse.

For studies that included only females, when compared to females without a disability, females with a disability were more likely to experience sexual and physical abuse (3 studies), intimate partner violence (7 studies) and child maltreatment (1 study).

Four studies reported that females with disabilities experiencing intimate partner violence, compared to females without disabilities, were more at risk of having a current or previous partner who displayed perpetrator risk behaviours, including possessiveness, sexual dominance or sexual jealousy. These behaviours were also associated with an increase in the experience of intimate partner violence (1 study).

Four studies reported that being a male with a disability increased the risk of experiencing physical abuse (3 studies), bullying (1 study), and emotional, sexual or financial abuse (1 study) when compared with either other males without a disability, or females with a disability. The increased risk to males ranged from being marginally greater, to a 7-fold increase in the likelihood of being maltreated.

Other risk factors

A number of other lesser reported risk factors were identified across the included literature. It should be noted that this is more likely a reflection of the lack of studies assessing these factors as opposed to them being of lesser importance.

Seven studies reported that younger individuals with disabilities, especially females, were at greater risk of experiencing violence and abuse than older individuals.

Six studies reported that having a past experience of violence or abuse increased the risk of experiencing later violence or abuse when compared to people who had not experienced these in the past. This was particularly evident for experiences of violence, violent crime and victimisation (2 studies) and child maltreatment (4 studies).

Lower socioeconomic status or poverty (6 studies), unemployment (1 study) and less financial capital (1 study) were associated with a greater risk of violence, abuse, or neglect for people with disabilities as compared to people without disabilities.

Perpetrator characteristics were minimally reported as risk factors. Four studies reported on intimate partner violence perpetrator characteristics (see above), one study reported an increased risk of children with a disability experiencing child maltreatment having more than a single perpetrator, and one further study indicated that females were more likely to experience abuse from male perpetrators, and males were more likely to have perpetrators of both sexes.

Other risk factors were also identified, but reported minimally (see Appendix A3 for a complete description).

3.2.5. The reported risk factors are limited, are primarily focussed at the individual level, and are static

Across the studies, there was a focus more on individual and static (usually unchanging) risk factors, such as disability status or gender. This highlights a significant gap across this literature. There is a clear lack of research on what kinds of broader environmental factors, such as structural and systems level factors, play a role in increasing the likelihood of violence, abuse, neglect and exploitation being perpetrated against people with one or more disabilities.

There is also a lack of evidence breaking down and reporting on people with different types disability and their experiences of violence, abuse, neglect and exploitation across the lifespan (most studies looked at either children or adults).

There was a further lack of research exploring intersectionality and how this intersects with experiences of violence, abuse, neglect and exploitation alongside other known social and structural factors carrying stigma. For instance, there were no studies that explicitly looked at LGBTQI populations; several restricted their sample populations to heterosexual relationships, and only two considered sexual orientation. Only three studies reported on ethnic minority groups or First Nations people (reporting an increased risk), and only one study focused on First Nations populations. Several studies used nationwide data, however none conducted subgroup analyses on geographic location, such as regional or remote areas versus metropolitan areas.

3.3. Literature on the nature and experience of violence, abuse, neglect and exploitation of people with disabilities

> **Box 3: A note on the qualitative results in this section**
>
> These largely qualitative findings are not necessarily representative of the population of people with a disability but are, instead, reflective of the experiences of the participants in these studies. The extent to which these experiences are shared by a majority of people with a disability is unknown.

The objective of this component of the review was to identify literature that reported the nature and lived experiences of violence, abuse, neglect and exploitation of people with disabilities from birth to 65 years. Specifically, the literature identified for this question focused on the experiences of people with disabilities, either reported from their perspective or from the perspective of caregivers, professionals, or others directly involved in the lives of people with disabilities.

3.3.1. Context

A total of 109 studies were identified and synthesised for this component of the review. Of these, 20 were conducted in Australia, 73 were from the United Kingdom, one from New Zealand, 14 from Canada and one had a sample of participants from both the UK and Australia. Table 1 shows the number of studies identified by respondent type.

Table 1. Number of studies by respondent type

Primary Respondent Group	Number of Studies
People with disabilities	58
Professional carers	2
Frontline staff	12
Support organisation	3
Family or informal carers	6
Multiple/mixed respondents	24
Unclear (e.g., reports from archived cases or students)	4

Types of Disabilities

The types of disabilities reported in the literature varied. The descriptions of disabilities reported in Table 2 below use the terminology reported by the authors of the studies.[5]

Table 2: Number of studies by type of disability

Type of Disabilities	Number of Studies
Intellectual or developmental disabilities	34
Learning disabilities	25
Multiple types	22
Cognitive disabilities	1
Physical disabilities	6
Sensory disabilities	1
Psychosocial disabilities	6
Not specified	14

Of the studies conducted with an Australian population, one study involved people with cognitive disabilities, 12 studies included people with intellectual or developmental disabilities, one study involved people with physical disabilities, two involved a sample of people with multiple disabilities, and five studies included people with disabilities where the type of disability was not specified. Again, the terminology used is that reported by the study authors.

Of these studies, six were related to systematic abuse or neglect, four reported multiple types of violence against, or abuse, neglect or exploitation of people with disabilities, three reported on intimate partner violence, two focused on sexual abuse, two examined exploitation, and one study each focused on violence, non-specified abuse, bullying, and hate crime.

Of the Australian studies, 10 included study populations in community settings, and four described violence against, or abuse, neglect or exploitation of people with disabilities in multiple settings. Other settings in the Australian research were justice or legal settings (4), education (1) home (1), and one study did not specify the setting of the population.

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5   As we have used the terminology used by study authors, we recognize that 'learning disabilities' and 'intellectual or developmental disabilities' may, in fact, refer to similar types of disabilities. Where authors refer to 'multiple disabilities' this either means that the study included a group of people with different types of disabilities or individuals had more than one type of disability. This was not always clearly defined by the study authors.

Types of studies

The majority of the studies included in this component of the review used a qualitative methodology. These included interviews (60 studies), focus group discussions (six studies), surveys (four studies), ethnographies (one study), interview notes or recordings (three studies), analysis of case notes (four studies), case studies (six studies), administrative data (two studies), mixed methods (22 studies), and data obtained as part of workshops and consultation with people with disabilities (one study).

3.3.2. People with disability have repetitive experiences of violence, abuse, neglect and exploitation across the lifespan

General experience of violence, abuse, neglect and exploitation

Several articles in the review described the experience of different types of overt violence, abuse, neglect and exploitation, such as economic abuse (69), sexual abuse (70–72), (25,73), and bullying (74,75) to name but a few. Violence, abuse, neglect and exploitation could also take covert forms such as discrimination and stigma, exploitative familiarity, disability shaming(76) and even relational abuse -- where people with disabilities perceived care to be indifferent and they felt like "throughputs of systems rather than people with human needs" (77).

Our review of the literature points strongly to the cyclical nature of violence, abuse, neglect and exploitation in the lives of people with disabilities. Violence, abuse, neglect and exploitation is cyclical, and occurs across the life course, from childhood (70,73) to adulthood (71). There is a recurring theme that violence, abuse, neglect and exploitation occur repeatedly over a prolonged period of time, rather than as an isolated event (70,78–81). It can occur in a variety of settings (e.g., education, home, care settings) and be perpetrated by people with varying degrees of familiarity with the person with a disability. The experience of violence, abuse, neglect and exploitation creates a situation where people with disabilities are more likely to encounter this behaviour repeatedly over time. This holds true for various forms of violence, abuse, neglect and exploitation, including sexual abuse and violence, economic abuse, physical abuse and violence. Violence, abuse, neglect and exploitation can be perpetrated by both people who are known to the person with a disability (family, friends, carers) and professionals (teachers, police, paid carers etc.).

People with disabilities who experience violence, abuse, neglect and exploitation were generally found to have negative repercussions such as poor mental health (82–84), loss of self-esteem and self-worth (78), self-harming behaviour (79,85), altered perceptions or confusion about sexual preferences (86) and being offenders themselves (87,88).

The literature also revealed that there are key experiences that leave people with disabilities more likely to experience violence, abuse, neglect and exploitation in a cyclical manner. This includes social isolation, discrimination, stigma, vulnerability, a dependency on others, and a lack of support services.

Social Isolation

The literature suggests that many people with disabilities experience social isolation or a fear of social isolation, which in turn places them at greater risk of experiencing a cycle of violence, abuse, neglect and exploitation. This cycle is exacerbated when perpetrators of violence, abuse, neglect and exploitation take advantage of this isolation to further isolate people with disabilities. Women with disabilities are particularly likely to experience this, particularly in the context of domestic violence. For instance, women with intellectual disabilities were described to be more likely to experience domestic abuse as their limited support networks caused further isolation (89). Perpetrators of domestic abuse exacerbated this isolation by further isolating them in violent relationships (69). Furthermore, participants in these studies also reported that women at the intersection of disability and being from a minority identity were especially likely to experience "profound isolation" and appeared to be likely not to have sought any help (83). Women with disabilities also struggled to trust people around them following the abusive incident, leading to further isolation (90).

Children with disabilities are also reported to experience social isolation placing them at greater risk of bullying and social exclusion (91). For instance, social exclusion and bullying experienced by young people with cerebral palsy was found to be contingent on the school context and was experienced at multiple levels of the institution, teachers and peers (92). Exclusion was found to include both implicit exclusion (lack of knowledge about disability and lack of opportunities) and explicit exclusion which related to verbal and physical bullying (74). A similar view of bullying was found by Pitt and Curtin (2004) who reported that children with disabilities in mainstream schools experienced both overt and covert bullying, from being hit or teased on a regular basis to more indirect forms of bullying such as vandalism of the disabled toilet (93) or name calling (94). These children also described instances where they had been treated negatively by staff members causing them to feel isolated. Even when accommodations are made for children to improve social inclusion in mainstream school settings, Lindsay and McPherson (2012) found that receiving these accommodations for their disability had a negative effect of further isolating students with disabilities by marking them as different from their peers (74). Being isolated also created reduced opportunities to mobilise any help-seeking behaviour or support (95). This is compounded by difficulties faced by parents and grandparents who struggled with communicating the need for this support to the relevant providers (96).

In general, the experience of social isolation has been described as "distressing" (82) and "frustrating" (97) for people with disabilities, and coupled with a desire for friendship, may contribute to an increased likelihood of them experiencing violence, abuse, neglect or exploitation (98).

Discrimination and stigma

People with disabilities experience discrimination and stigma due to their disabilities, which in itself is a form of violence, abuse, neglect and exploitation. Discrimination and stigma can be covert. For instance, when persons using Augmentative and Alternative Communication

(AAC) are "treated less than equal to non-disabled people" (99). Children with special education needs in mainstream schools also expressed that their non-disabled peers were unwilling to be friends with them on "equal terms" (100). Persons with bipolar disorder or borderline personality disorder found that their identities were "constrained by other's judgement and were prevented from forming their own interpretations of "distress" and personal ways of managing it, even if they were effective" (101). For persons with Myalgic Encephalomyelitis, this sometimes included discrimination by medical personnel where it is "impossible to find a doctor who was willing to actually assess and treat you" (97). Discrimination and stigma can also be more overt, for example when stereotyping leads to physical and psychological violence (101,102).

The research also points to ways in which discrimination may cause mainstream service providers to neglect the voices and needs of persons with disabilities. For example, Collier et al. (2006) discuss an incident of not pursuing a case of abuse as persons using AAC would not make a "credible witness" in court (99). In an article by Bonnington and Rose (2004) persons with borderline personality disorder experienced having their illness dismissed as illegitimate by healthcare professionals (101). Some disability service practitioners also commented that the "negative attitudes" of their mainstream counterparts impacted their willingness to "consider how services could include and honour the voices of people with intellectual disabilities as victims and survivors of abuse (103).

Diagnostic overshadowing is a particular form of discrimination against people with disabilities. In the literature, diagnostic overshadowing was found in various settings. In the health system, for example, symptoms of physical or mental illness can be misattributed to a learning disability (104). In a study involving UK staff who worked with offenders with intellectual disabilities, staff suggested that offenders were not being directed to targeted services courts (which provide better support for offenders with disabilities) as the offending behaviour was often mislabelled 'challenging behaviour' (105). As a consequence, offenders with intellectual disabilities were inappropriately referred back to their informal support networks for management. Although diagnostic overshadowing itself is a form of neglect, there are further implications for the appropriate reporting of violence, abuse, neglect and exploitation. For instance, it was found that some child protection practitioners in the UK had attributed signs of abuse to the impairment of a person with disability (106). This results in a lack of adequate reporting of abuse.

Discrimination can be amplified when there is an intersectionality of identities between that of being disabled with another identity. For example, men with learning disabilities in the UK reported experiencing hostility from formal and informal carers and the general public if they had (or wished to have) a girlfriend. Many of these men felt that they were not treated as adults, and that their sexuality was being perceived by others as either dangerous or inappropriate (107). Some people with disabilities who did not identify as heteronormatively sexual, also reported being "denied" a sexuality as others "believed them incapable of knowing their own minds" (108). For people with disabilities who have children, this discrimination is experienced as a questioning of their competency as parents and caregivers, assuming they are "bad parents" on the basis of their disability and that they "shouldn't be parents" because of their impairment

(106). For example, in a study of mothers with learning disabilities in the UK, mothers cited that professionals had questioned their competency to parent, but when they asked for help from social workers, it was not provided and as a result, their child/children were removed from their care (109). Many mothers felt they were treated unfairly when this happened. Further, many appeared not to understand the process, nor was it explained to them, causing them to feel bullied and victimised by the process.

These discriminatory experiences can have an impact on their future engagement with services, possibly exacerbating future responses to experiences of violence, abuse, neglect and exploitation. For example, women with disabilities who had negative past experiences with formal services were deterred from future maternity care access and utilisation (110). There was a fear of judgement from health professionals. They were also concerned that common societal conceptions about disability and domestic abuse would affect the ways in which health professionals treated them. Discriminatory experiences were also found to encourage self-stigmatising behaviour. For instance, mothers with learning disabilities who have children removed from their care believed that their learning disability was the reason why their children were taken away (109). Self-stigma is not only experienced in the context of having a disability, but could also be a result of experiencing violence, abuse, neglect and exploitation (e.g., domestic abuse), which could act as a barrier to help seeking (111).

Exploitation and mate/hate crime

The literature reviewed indicates that people with disabilities are at particular risk of experiencing violence, abuse, neglect and exploitation. The reasons for this are complex and multifactorial. As discussed previously, social isolation and ablest discrimination are two reasons. Even the simple act of frequenting certain places in their communities can expose people with disabilities to higher risk of hate crime (112).

A particular form of violence, abuse, neglect and exploitation discussed in the literature is exploitative familiarity. 'An incident of exploitative familiarity is one which involves the exploitation of apparent mutual friendship or familiarity and which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability' (113). Similarly, research from the UK has recently included a particular form of violence, abuse, neglect and exploitation labelled 'mate crime' – violence, abuse, neglect and exploitation perpetrated by those who are friends, or in friendship-type relationships with people with disabilities. People with disabilities were more likely to experience exploitative familiarity due to two key factors. First, people with disabilities have few avenues to meet the formal care needs they require, and this might place them at increased risk of repeated exploitation, possibly even in their own homes (98). Second, the social isolation and loneliness experienced by people with disability, which also drives the desire for friendship, expose them to potential perpetrators. These perpetrators exploit the person with a disability – behaviour that goes unreported as the person with a disability was "scared of losing" their friends (113). In an analysis of police reports, Doherty (2020) describes a case of "exploitative familiarity":

"in case MCI/54, where the victim, a man with learning disabilities, kept responding to invitations to visit his so-called friends, despite the officer reporting that 'every time he is injured or has no money left.'

Service providers found that it was difficult working with victims of "mate crime" as persons with disabilities had been reliant for their care needs on the people exploiting or abusing them and are thus reluctant to report the abuse. Exploitative familiarity could also act as a hindrance to the reporting of experiences of violence, abuse, neglect and exploitation. For instance, children with intellectual disabilities expressed that they needed someone they could trust before disclosing any experiences of violence, abuse, neglect and exploitation (114,115).

When non-disabled people assume that people with disabilities are particularly vulnerable, it can lead to differential experiences of support and justice. For instance, a study in the UK examined if people with learning disabilities could identify incriminating implications of prejudiced questions in police interviews within the context of sexual assault and rape (116). It was found that complaints made against perpetrators can be perceived to be weakened if the person with learning disabilities is revealed to be a consensual partner. The case against the perpetrator is further weakened if persons with intellectual disability could not understand the implication of questioning by the police. They may be perceived to have made unwise choices or failed to resist the alleged assailant's advances once they were underway (e.g., not calling out when they knew that there was possible help at hand).

Such 'assumed vulnerability' was also prevalent in adult protection for people with learning disabilities. The literature discussed cases in which professionals in protection meetings appeared to construct persons with a learning disability as particularly vulnerable with impaired capacity when their emotional and behavioural reactions were perceived as difficult and at odds with the professionals' perspective (82). Assumed vulnerability could 'fuel' the cycle of violence, as it could impact the extent and timeliness of when appropriate services are extended to them. For example, in an Australian study of violence in the community against women with disabilities found that women were cast by police as "uniquely vulnerable" or as a "crazy, vexatious" group of people in need of social care as a priority rather than victims of violence committed against them, which warrants a greater or more urgent criminal justice response (117).

Some professionals face a tension in balancing the vulnerability and rights of a person with disabilities (118). These professionals feel that they have a duty to protect the individual's right to make informed choices, even if they perceive that choice to be a "poor" one.

"Because of the disability, our clients are more vulnerable to start with, so they often end up in risky situations but some still have capacity to make lousy decisions about relationships. We cannot wrap them up in cotton wool."

Dependency increases exposure to violence, abuse, neglect and exploitation

Many people with disabilities reported lacking independence and true choice over life decisions. In some cases, this was more pronounced, for example in the case of people with mental health conditions and learning disabilities in the UK who described instances of being forcibly admitted into inpatient settings or having to receive medication against their will (119). In some instances, this included the use of physical restraints and techniques such as administration of tranquilizers by care staff to manage violence in inpatient settings, with no attempt to de-escalate any confrontational situation through other means (120–122). This could also take a more passive form, such as not being able to exercise true autonomy in everyday life when people with disabilities are presented with pre-selected options rather than truly open-ended choices (99,123).

The lack of true choice and opportunities for independence place people with disabilities in a position of increased dependence on others for caregiving and other activities of daily living. This dependence places people with disabilities at greater risk of experiencing violence, abuse, neglect and exploitation, particularly if their caregivers are also the perpetrators of violence, abuse, neglect and exploitation. Perpetrators can be intimate partners (76), family members (84), care staff (120,124), paid caregivers (125), friends (113), or even other service users (71).

The dependence of people with disabilities on those who perpetrate violence, abuse, neglect or exploitation exacerbates a "distortion of power and control" towards people with disabilities (126). Perpetrators take advantage of this power distortion within the context of providing care (83). For instance, a woman with disability related that her perpetrator had given her strong painkillers so that she could not remember if there was any abuse or violence directed at her (78). Similarly, people using AAC who depended on service providers were threatened with the withdrawal of services (99). Instances of perpetrators exploiting this dependency extend into areas of economic abuse as well. For example, women with intellectual disabilities described trusting their perpetrators with financial activities that they might have difficulty doing for themselves (e.g., withdrawing money from a teller machine), and thus placing them at increased risk for exploitation (69).

A particular form of abuse, exacerbated by the dependency of people with disabilities on others for caregiving, is 'honour-based abuse'. This refers to "a collection of practices, which are used to control behaviour within families or other social groups to protect cultural and religious beliefs and/or honour."[6] Some family perpetrators experienced cultural pressures to force their disabled children into marriages and at times "had a practice of deceiving non-disabled peers into marrying vulnerable victims, whom they perceived to be 'damaged goods'" (84,127). Perpetrators distorted the poor mental health of disabled victims and disguised control exerted on them as acting in the victim's "best interests". Several victims of honour-based abuse were

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6   https://www.cps.gov.uk/publication/honour-based-violence-and-forced-marriage#:~:text=There%20is%20 no%20specific%20offence%20of%20%22honour%20based%20crime%22.&text=Such%20violence%- 20can%20occur%20when,domestic%20and%2For%20sexual%20violence

found to be left in the care of perpetrators who were family members. There was a perception that these family members were able to make decision in their 'best interest.'

Dependency on others also exacerbates "mate crime" or exploitative familiarity discussed earlier (113,128). It is further exacerbated by the social isolation already experienced by people with disabilities (83). Leaving the abusive situation is either very difficult or impossible, and leaves people with disabilities in positions of further dependence. Consequently, some parents of young people with disabilities struggle with allowing their child increased independence in the knowledge this may increase their risk of experiencing violence, abuse, neglect and exploitation (129).

Lack of adequate systems

This review found that there is a general lack of adequate systems and poor support in existing systems for people with disabilities experiencing violence, abuse, neglect and exploitation. In general, there was a lack of understanding of the needs of people with disabilities by staff in formal support services in mainstream systems (130). Research that focused on mainstream services, such as police, justice or healthcare, revealed that staff were generally ill-equipped to deal with people with disabilities, either due to a lack of knowledge or understanding, or in some cases, a lack of adequate resources. For instance, in the context of child protection, support organisations working with parents with learning disabilities in the UK described difficulties these parents faced when engaging with the child protection system; this was further compounded by the additional difficulties of understanding complex language and abstract concepts (131). In an audit and analysis of court documents, Swain and Cameron (2010) found that parents with disabilities "tend to be treated without their regard for their disabilities" and several had no representation in court, placing them at an even greater disadvantage in child protection proceedings (132). In instances where child protection involved a child with disability, child protection practitioners in the UK felt that they struggle with supporting these children and are unsure if their common approaches would be sufficient in providing support (106).

This was a particular focus in the literature on examining the experiences of people with disabilities in the justice system. Many young people with disabilities struggle to actively engage with the legal process (133). This is coupled with a lack of services that consider the needs arising from a disability, and do not provide adequate assistance in accessing appropriate supports, which could promote prosocial behaviour (105). This results in more punitive youth justice responses and 'offenders with intellectual disabilities [are] caught in a spiral of marginalisation in all aspects of their lives' (134). Some professionals in Australia even asserted that the only way to secure welfare support for young people with complex needs was to imprison them (133). For some young offenders with disabilities the experience of systemic neglect begins in the school setting, where some mothers described the lack of supports and intervention given to children to support the complex difficulties they had faced at the time (135).

This lack of support is also prevalent in healthcare settings (136). In a study of service users' perception of mainstream in-patient mental health care in the UK, patients found the inpatient experience disempowering, reporting that mainstream health care staff are unaware of the

needs of persons with intellectual disabilities (137). Ward staff were cited as neglecting the danger and violence (perpetrated other service users) prevalent in in-patient wards. Care staff who work in disability services add that they perceive mainstream healthcare workers in the in-patient setting to have a very limited understanding about what it means to have intellectual disabilities, with a failure to acknowledge the additional support needs of individuals with intellectual disabilities and inappropriate expectations regarding their capacity to meet basic needs without support. Outside of inpatient care settings, the literature suggests that other care facilities fail to adequately meet the complex care needs which people with disabilities might require, particularly when they transition from being children to young people with disabilities. For instance in the context of young people with disabilities who are transitioning from out-of-home care, practitioners found that some pathways suggested for these young people were inappropriate, dangerous or unsafe (138).

3.3.3. People with disability experience challenges in reporting violence, abuse, neglect and exploitation

The second key theme in the literature about the nature of violence, abuse, neglect and exploitation is focused on reporting. This includes mechanisms of reporting violence, abuse, neglect and exploitation, experiences of people with disabilities when reporting violence, abuse, neglect and exploitation, and reasons underlying the underreporting of violence, abuse, neglect and exploitation among people with disabilities.

Reception of reporting

Several articles focused on the experiences of people with disabilities when reporting violence, abuse, neglect and exploitation, and how these experiences were received by professionals, who in some instances accepted the perpetrator's assessment of the victim. In the analysis of police reports of honour-based abuse in UK, some cases illustrated how professionals had accepted the perpetrators assessment of victims at face value and downplayed or entirely denied the impact of the disability. Professionals had suggested that victims had the capacity and freewill to stop a forced marriage of their own volition. As result of the perception of "freewill", professionals overlooked protests by the victim and unquestioningly accepted explanations offered by relatives perpetrating the abuse. The impairment experienced by a person with disability was also used as "a tool to discredit and doubt the reliability of the victims' testimony" justifying no further professional action leaving victims of honour-based abuse in their abusive situations (84).

People with disabilities also perceived that they would face scepticism and doubt about their experiences if they were to report them. For instance, people with disabilities who experienced sexual abuse as a child asserted that they would likely experience a degree of scepticism should they inform the relevant agencies. Some added that the incident happened so long ago that it would not be deemed plausible by their families or state agencies (139). When people with disabilities did report incidents of violence, abuse, neglect and exploitation, they were

met with scepticism and felt that the response was inadequate (140,141). This could lead to people with disabilities internalising their experiences or blaming themselves for the violence, abuse, neglect and exploitation. For example, women with learning disabilities described being disappointed by the responses they received from services following disclosure and felt that the 'symptoms' of their abuse were overlooked. Some of them had 'internalised' the lack of appropriate response as their fault.

> *'If I'd have told them from the beginning but I didn't. I waited until he went out of the flat and then told them'. (141)*

They felt they had been treated unfairly by the services they expected would help them and were feeling responsible for the domestic abuse they experienced (141).

Lack of clear definitions

Reporting is further hampered by the lack of clear definitions of what constitutes violence, abuse, neglect and exploitation amongst different service providers. Service providers working in social care settings in the UK cited difficulties distinguishing between poor practice and abuse, and this is sometimes further cemented by a systemic "legacy" that tolerated poor and abuse practices (142). There is also a "lack of a shared language" of violence and abuse across providers in systems and structures, which creates further barriers to reporting (128).

Differences in definitions, understandings or interpretations can lead to variable responses to incidents of violence and abuse in different organisations (143). For example, a UK study with care staff working with people with learning disabilities, analysed the interpretations of vulnerability and abuse (144). The authors found that care staff saw "duty of care" as the authority conferred to them by "powers that be" to act in the best interests of those they serve, even when the legal interpretation was not widely understood by staff and the application was variable. This manifested in making decisions for people with disabilities without their involvement (e.g., locking doors to prevent them from leaving facilities) or denying people with disabilities specific opportunities if staff perceived that they may encounter 'bad' outcomes. The lack of a clear definition of violence, abuse, neglect and exploitation not only acts as a barrier to reporting but could further neglect the needs of people with disabilities.

Lack of systems

The lack of systems was a subtheme in both the cyclical nature of violence, abuse, neglect and exploitation, as well as a subtheme of challenges to reporting. In addition to a lack of clear and consistent definitions, the literature points to a dearth of effective systems to support reporting of violence, abuse, neglect and exploitation. The lack of systems impacts both people with disabilities and service providers. Some people with disabilities experienced hostility from service providers when reporting violence, abuse, neglect and exploitation and were treated as unreliable witnesses to their own experiences. The literature also pointed to the need for people with disabilities to

have more support and knowledge when reporting violence, abuse, neglect and exploitation (145) but much less so in relation to women with learning disabilities. This qualitative research study interviewed 15 women with learning disabilities who had experienced domestic violence about their experiences, the impact of the violence on them and their children, their coping strategies and help seeking behaviour. Materials and methods: Semistructured in-depth interviews were conducted. Data were analysed using Interpretive Phenomenological Analysis. A service user advisory group helped at particular stages, notably at the formative stage and with dissemination, especially the production of accessible materials, including a DVD. Results: The violence experienced by many of the women was severe and frequent. It impacted negatively on their physical and psychological well-being. The women's awareness of refuges and others sources of help was generally low. Conclusions: Healthcare and social care professionals have a clear remit to help women with learning disabilities to avoid and escape violent relationships. (PsycINFO Database Record (c. Knowing how and when to report violence, abuse, neglect and exploitation is critical, as is having the adequate support during the process of reporting. Further, people with disabilities were often left feeling disempowered and traumatised when going through the existing systems for reporting violence, abuse, neglect and exploitation. Any support that does exist was found, in some cases, to be inconsistent for both people with disabilities and their caregivers.

Similarly, carers and professionals were impacted by the lack of systemic supports in the reporting process. They were unsure of when and how to report violence, abuse, neglect and exploitation, and what happened after reporting (146). The literature also points to a lack of support for staff when reporting violence, abuse, neglect and exploitation or knowing how to adequately support people with disabilities who have experienced violence, abuse, neglect and exploitation.

Reluctance to report

Another significant subtheme of reporting was the general reluctance to report violence, abuse, neglect and exploitation experienced by people with disabilities. The causes for this reluctance are multi-faceted and complex. As discussed earlier, there is a general lack of understanding of when and how to report violence, abuse, neglect and exploitation, and in some cases, an inability to articulate the experience. Not knowing when and how to report violence, abuse, neglect and exploitation is also linked to a lack of support for people with disabilities to recognise or understand when they are in abusive situations. In general, many authors feel this leads to under-reporting of violence, abuse, neglect and exploitation.

Stigma, a lack of confidence, and the potential for further complications also negatively impact the reporting of violence, abuse, neglect and exploitation. Stigma is a particular issue for people with disabilities experiencing intimate partner violence or sexual abuse, or children experiencing bullying. Repeated experiences of violence, abuse, neglect and exploitation, as discussed above, can lead to poor self-esteem and low self-confidence, in turn making people with disabilities reluctant to report violence, abuse, neglect and exploitation and thereby making themselves vulnerable to further scrutiny and judgement. Finally, in some cases, people with disabilities fear that reporting violence, abuse, neglect and exploitation would lead to retribution

by the perpetrator. The potential withdrawal of support (e.g., financial support from an abusive caregiver) was also cited as a reason why some people with disabilities are reluctant to report violence, abuse, neglect and exploitation.

3.3.4. Underlying mechanisms reflect expectations and a lack of education about violence, abuse, neglect and exploitation

Underlying the first two themes is the final theme of Underlying Mechanisms behind experiences of violence, abuse, neglect and exploitation by people with disabilities (Figure 2). Although there are multiple mechanisms, some of which have been explored above, there are two main subthemes that were identified in the literature. First, the acceptance of violence, abuse, neglect and exploitation as part of daily life by people with disabilities, and second, a consistent lack of education and awareness on the part of both people with disabilities and the people who support them (formally or informally).

Figure 2: Interaction between the 3 themes

Experiences of violence, abuse, neglect and exploitation as inevitable and expected

People with disabilities who experience violence, abuse, neglect and exploitation experience a disruption to their life, which in some cases, results in them readjusting their lifestyle to avoid such experiences. People with disabilities have spoken out about the need to change or restructure their lives to escape perpetrators' actions. The actions they need to take results in social withdrawal and a loss of trust in peoples (147). As part of a larger research project

to establish the nature of everyday life experiences of people with learning disabilities in the UK, Whittell and Ramcharan (2000) shared an example of a couple who had their lifestyles disrupted by non-disabled young people in the community (148). This brought about extra financial costs in order to keep safe, negative emotional and psychological effects, which were worsened by being unable to fully engage in their community.

In some cases, people with disabilities may engage in harmful avoidant behaviours including substance abuse, to block out experiences of violence, abuse, neglect and exploitation and avoid contact with people (86). Many felt they could not trust others and lived with persistent feelings of fear mistrust and suspicion.

For many people with disabilities, there is an element of 'normalisation' of violence, abuse, neglect and exploitation as part of everyday life (79,128). They are counselled to 'ignore' the behaviour (123,147) or learn to live with it as it is to be expected for people with disabilities. One study found that cultural norms, which construct disabled children as "other" legitimise violence to disabled children (102).

Lack of education

The lack of education and awareness about disability and violence, abuse, neglect and exploitation affect both people with disabilities and those who are in positions to support or provide services. People with disabilities are particularly high risk of experiencing violence, abuse, neglect and exploitation if they are not provided with adequate education to identify and recognise such behaviours. More broadly, much of the literature found that people with disabilities were not provided adequate education or support about how to form healthy relationships (including friendships) and healthy sexuality, leaving them more vulnerable to experiencing sexual abuse and violence and exploitation (e.g., mate crime). In a study examining the sexual abuse experiences of persons who use AAC in Canada, many participants reported that they did not receive sex education from their parents, at school or from health care professionals. Many spoke about how they had no opportunities to learn about or discuss abuse, and did not have the knowledge that they were in an abusive situation (99).

The inability to recognise the difference between healthy and exploitative friendships can leave people with disabilities more susceptible to cybercrime, cyber-bullying and exploitation through social media. Holmes and O'Loughlin (2014) found that this could be due a lack of understanding on the part of people with disabilities about 'friendship' and their perceptions about positive encounters in an online space (149).

A further criticism of sexual education provided to people with disabilities is that it is heteronormative and does not encompass the full range of what it means to be in a healthy relationship. Service providers sometimes framed their concerns about gay relationships for women with disabilities as symptomatic of their past experiences, or again in terms of vulnerability. For one of the women in Fish's (2016) study discussed how the disclosure of her bisexuality led her to be treated "as a specialist issue, which required treatment by a particular

therapist" (71). Eastgate et al. (2011) found that the lack of information provided to women with intellectual disabilities about sexual relationships could be a symptom of the general lack of consideration given to women's sexuality (70).

The lack of education for formal and informal carers and professionals has a negative impact on people with disabilities. A lack of understanding about disabilities and the inadequate education about how to recognise and support people with disabilities on the part of formal support and service providers in mainstream systems. This includes educators, healthcare staff (150), those in the legal system (151), and other professionals (152,153). This can lead to the perpetuation of violence, abuse, neglect and exploitation and further negative experiences by people with disabilities when they are required to access supports.

Further, the lack of clarity around how to recognise and define violence, abuse, neglect and exploitation has an additional negative impact on people with disabilities. These issues together result in carers, support workers and other professionals being unable to adequately and appropriately support people with disabilities who may be experiencing violence, abuse, neglect and exploitation. In a study with care staff working in residential care and supported living services for adults with intellectual disabilities in the UK to explore how they understand "abuse" and "poor practice", it was found that they had differing understandings of both with a lack of agreement about what constituted poor practice or abuse (154).

A number of articles examined the lack of understanding about people with disabilities by those in the legal system, and the impact this had on reporting of violence, abuse, neglect and exploitation. In a study by Baldry et al. (2018), most respondents within the youth justice system were critical of the lack of consistent assessment procedures and suggested that for many young people, diagnosis of their cognitive disability only occurs once the young person is already heavily enmeshed in the youth justice system (133). In a UK study it was found that people with intellectual disability were seldom identified when in custody and, when they were identified, information was seldom passed on to the courts and subsequent parts of the process. The interviews with professionals highlighted that the needs of persons with Intellectual disabilities were not only neglected within targeted services court but in the criminal justice system at large (105). The authors found that police officers reported being overwhelmed and untrained with regard to identifying people with intellectual disabilities. This resulted in the bypassing of specific services designed for people with intellectual disabilities in the justice system.

4. Key findings

4.1. Violence against, abuse, neglect and exploitation of people with disability occurs across the life course

The literature we identified in this rapid review overwhelmingly located evidence of violence against, abuse, neglect and exploitation of people with disability at the level of the individual with disability rather than with perpetrators, the community or broader society. This was true whether looking at risk and protective factors (e.g., presence of a disability) or lived experience (e.g., long-term psychosocial impacts and challenges in reporting). In a very real way, this focus is reflective of the struggle people with a disability face when they have to find their way in settings that are not built for their inclusion. That is, rather than identifying the ways in which others or society fail, the research generally focuses on the ways in which individuals struggle within the existing systems. This observation is less about the intention of disability researchers and more about the state of research and funding in the field (i.e., the relative paucity of research in commonwealth countries, the use of simple rather than complex methodologies that can account for broader trends and higher-level factors, and a lack of differentiated terminology for violence, abuse, neglect and exploitation or specification of type of disability).

We report the findings of this rapid review within a life course perspective to:

- broaden our understanding of violence against, abuse, neglect and exploitation of people with disability and the mechanisms through which it is perpetuated and experienced

- align the results with more agentic contemporary theories of disability such as the social model and a disability rights approach, and

- use a framework that can be usefully applied to the prevention of violence against, abuse, neglect and exploitation of people with disability through the use of multi-level strategies and interventions.

The life course perspective of violence against, abuse, neglect and exploitation of people with disability using the findings of this review is shown in Figure 3. The framework was inspired by other recent work in disability (155,156) and child health (157) and views people with disability as being embedded in the ecological context of family, community and society, where these broad influences on psychosocial behaviour and experiences change across time and age – and influence the way disability is perceived, described and supported. For example, people with disabilities' experiences and responses to violence, abuse, neglect and exploitation build on earlier experiences and responses, and these are framed within different cohorts, such as when and where a person grew up. The different facets of the model can more or less influential at different life stages but there is an interconnection between them across the entire life course.

Figure 3 is limited by the scope of the rapid review and the literature we identified. It represents the state of published peer reviewed evidence in the field since 2001 for people with disability aged up to 65 years. If an issue or factor does not appear in the figure below, this simply means there has not been a focus on this issue or factor in the literature we reviewed. We have combined findings across both questions (risk and protective factors and nature and experience of violence against, abuse, neglect and exploitation of people with disability) and mapped these to levels of influence identified by Araten-Bergman and Bigby in their socio-ecological framework illustrating risk factors for violence against adults with intellectual disabilities (155).

We have deliberately adopted a social model of disability and disability rights perspective in locating factors associated with violence against, abuse, neglect and exploitation of people with disability within the context in which these experiences occur. As an example, 'knowledge and experience of violent relationships' is located not at the individual level but at the relationship level where this factor plays out. These factors are shown in italics.

Individual

- Female with a disability
- Repeated experiences of violence, abuse, neglect and exploitation
- Younger age
- Ethnic background
- *Acceptance of the inevitability of violence, abuse, neglect and exploitation*

Relationship

- Social isolation
- Exploitation and mate/hate crime
- Perpetrator behaviour
- *Knowledge and understanding of violent, abusive, neglectful or exploitative relationships*
- *Dependency on others*

Community

- Lack of adequate systems to support people who experience violence, abuse, neglect and exploitation
- Lack of education, awareness, understanding of, and support for, people with disability when they report violence, abuse, neglect and exploitation
- Lack of systems to support reporting
- *Reluctance to report violence, abuse, neglect and exploitation*

Societal

- Discrimination and stigma
- Lack of adequate systems to enable high quality care
- Socioeconomic factors
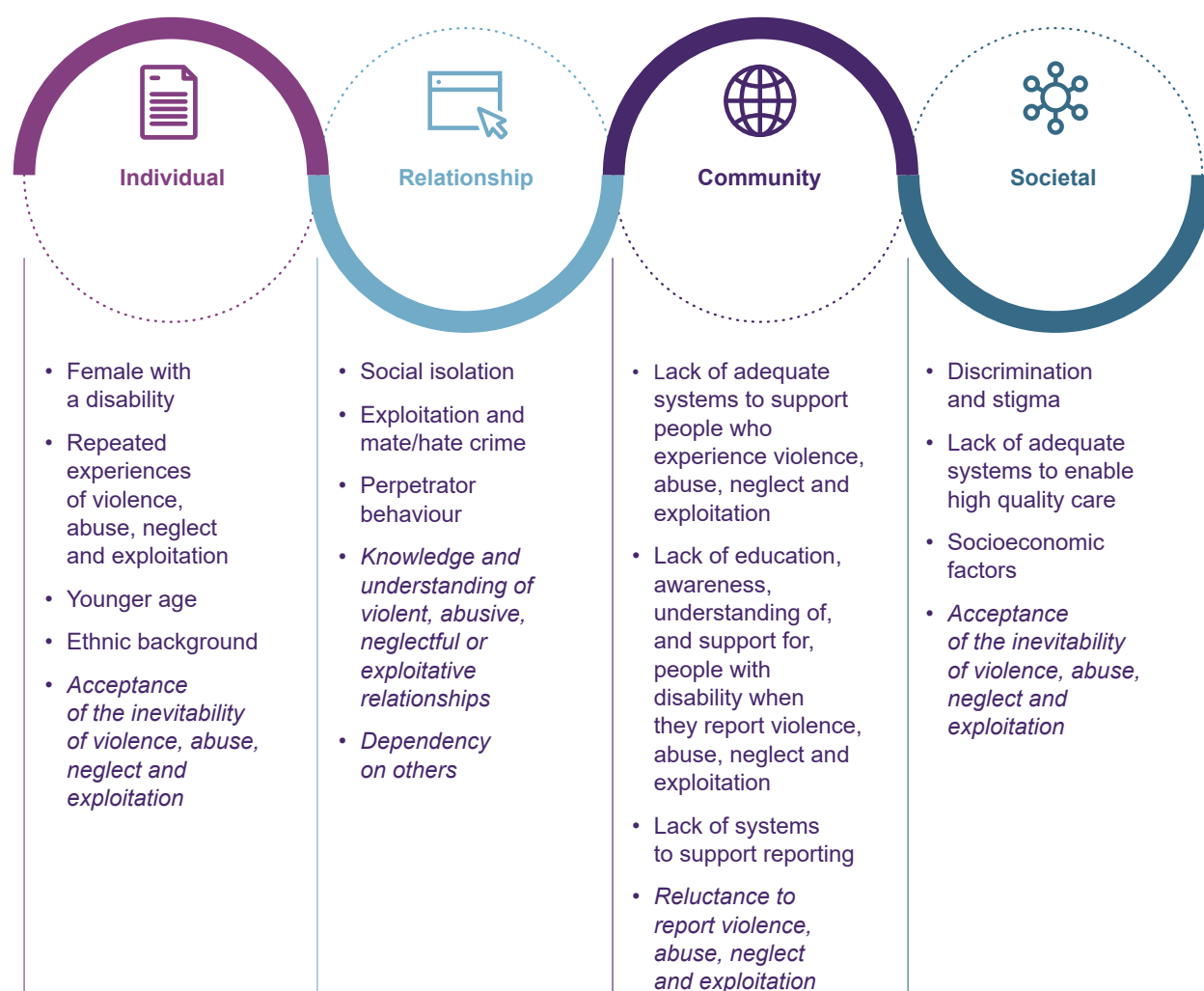- *Acceptance of the inevitability of violence, abuse, neglect and exploitation*

Figure 3: A life course perspective of violence against, abuse, neglect and exploitation of people with disability using rapid review findings

4.2. Key evidence gaps in understanding violence against, abuse, neglect and exploitation of people with disability

4.2.1. Risk and protective factors focus on people with disability rather than perpetrators or systemic issues

The vast majority of studies identified were focused on the person with disability. Few studies examined perpetrator-related risk factors that increase the likelihood of a person with a disability experiencing violence, abuse, neglect, or exploitation. Very few studies examined larger systemic issues that either expose people with disabilities to a higher risk of violence, abuse, neglect, or exploitation, or the presence or absence of structures and systems that protect people with disabilities. Though the scope of this rapid review is limited, the absence of a wider focus beyond the individual is notable.

4.2.2. Risk and protective factors are static rather than manipulable by policy

The literature we identified in this review placed the focus of risk on largely static factors within the individual. This includes having a disability and gender (higher risk for women with disabilities to experience violence and abuse). While this may help policymakers target interventions, by gender for example, it does not help inform what the focus of these interventions should be.

4.2.3. Disability is presented as homogenous rather than diverse

The current state of research into violence against, and abuse, neglect and exploitation of people with disabilities included in this review is stark in its lack of diversity in two key areas. First, the majority of the research in this review focused on the experiences of people with intellectual/ learning, cognitive or developmental disabilities. Comparatively little research was found about the experiences of people with physical, sensory, communication or multiple disabilities. Second, the experiences of people with disabilities from Indigenous, First Nations, Aboriginal, or culturally and linguistically diverse communities was poorly represented in the research literature, as was literature that examined other forms of intersectionality (e.g. LGBTIQ populations).

4.2.4. A deficit model is used to describe people with disability

The majority of studies included in this review presented data from a deficit model. The focus was on the vulnerability of people with disabilities, rather than their agency or capabilities. Similarly, few to no studies examined the role of perpetrators and the systemic factors that enable the perpetrators to target people with disabilities, often repeatedly. Rather than identifying the ways in which the people who are closest to the person with disability, care workers, communities and society fail, the research generally focuses on the ways in which people with disability struggle within existing systems.

4.3. Limitations

This rapid review has several limitations which should be considered in interpreting the results. These limitations result from the need to balance competing needs, such as:

- the need to have access to quality evidence that can inform policy development

- the need to have access to this evidence within a relatively short period of time

- the need to have input and direction into the review from policy teams and key stakeholders

- the need to answer broad policy-relevant questions that cross more than one area of knowledge.

The review team met the above brief by responding to two review questions and screening over 8000 studies and reviewing and extracting data from 172 studies in total. This is a significant and large rapid review of violence against, and abuse, neglect, and exploitation of people with disabilities.

The results are limited by the scope of the review identified in collaboration with the Disability Royal Commission and resulting inclusion and exclusion criteria. For example, this review reports on studies identified from 2001 undertaken with people with disability, up to 65 years of age and within a small number of countries only – Australia, New Zealand, Canada and the United Kingdom. Other studies that were screened out-from the United States, for example-may have had something more to say about protective factors and intervention. Database searches also focussed on identifying disability literature, rather than literature across the broader health context, which may have limited the studies identified (e.g. particularly studies in mental health).

We did not include grey literature in the identification, review and synthesis of studies. Because of the amount of peer reviewed literature identified through the database searches – and the need to screen, review and synthesise this material within a relatively brief period of time for reporting – we decided to use grey literature as a guide to the interpreting and framing of the results. We acknowledge we may have missed some literature that could contribute to our understanding of violence against, and abuse, neglect, and exploitation of people with disability.

We did not perform a quality assessment of all of the studies identified in the review that described risk and protective factors or the nature and experience of violence against, and abuse, neglect, and exploitation of people with disability. While quality assessment tools do exist for these studies, they require time and resources to complete. This means the literature synthesised for this review is likely of variable quality.

Finally, the quantitative data was synthesised narratively. We did not attempt to conduct meta-analyses due to the wide scope of the review questions, the loose specification of study designs included, and the lack of specificity of definitions of disability and violence against, and abuse, neglect, and exploitation of people with disabilities.

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Appendix A Methods

A.1 Inclusion and exclusion criteria

We developed the inclusion and exclusion criteria following accepted methods used in systematic reviews. Criteria were largely similar across review questions (i.e., risk and protective factors or nature and experience) so we have included both together below. Variations in criteria according to review question are highlighted throughout.

A.1.1. Population

Any person with a disability between the ages of 0-65 years. Where participants were over 65 years old or where age was not reported, the study was excluded. Where the study included participants who were older and younger than 65 years of age: 1) the study was only included if there was sub-group analysis looking at participants under the age of 65 years; or 2) where the mean or median age of participants was less than 65 years.

Studies reporting on participants experiencing all types of disabilities were included, with the **following exceptions**:

- mental illness (but not psychosocial disability which was included)

- disability reported as resulting from alcohol or other drug abuse (but not FASD which was included)

- disability reported as resulting from the following ongoing chronic health conditions: stroke; dementia; hepatitis; Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS); tropical or other neglected diseases.

Studies that report on the target population experiencing mental illness arising from the experience of living with a disability were included.

Additionally, for question 2, Studies where other individuals communicate the experience of abuse, neglect and/or exploitation of the target population were also included. For example, parents or caregivers of children with disabilities, workers, carers, partners, or peers.

A.1.2. Settings

Any setting, including, but not limited to: home settings, residential care settings, primary and secondary health care settings, remand centres, prison and detention centres, educational (including sheltered workshops and vocational training institutions) settings, workplace settings (both paid and unpaid), and community settings.

A.1.3. Geographical location

Studies that were conducted in Australia, New Zealand, Canada or the United Kingdom.

A.1.4. Risk and protective factors

Any characteristic or variable that has been reported to have a statistical association with the experience of violence, abuse, neglect or exploitation (as defined below) of the target population. Characteristics or variables could occur at any level, and included characteristics or variables relating to the following:

- Individual, e.g., age, gender, ethnic identity, sexual identity, disability type, other.

- Family, e.g., composition, socioeconomic status, cultural or religious background, other.

- Social or community, e.g., peer support, sports or other club membership, other.

- Systems, e.g., education, primary or secondary health, housing, workplace, other. This included, but was not limited to, factors relating to accessibility, complaint mechanisms, and safeguarding practices.

- Environment or location, e.g., remote, regional, metropolitan, other.

Cross-cutting factors, such as attitudes, stigma, or legislation were included across the levels above.

A.1.5. Violence, abuse, neglect and exploitation

Any reported variation that related to the following, using definitions from the interim report of the Royal Commission (October 2020):

- For the purposes of this Royal Commission, violence and abuse are best understood together. Violence and abuse include assault, sexual assault, constraints, restrictive practices (physical, mechanical and chemical), forced treatments, forced interventions, humiliation and harassment, financial and economic abuse and significant violations of privacy and dignity on a systemic or individual basis.

- Neglect includes physical and emotional neglect, passive neglect and wilful deprivation. Neglect can be a single significant incident or a systemic issue that involves depriving a person with disability of the basic necessities of life such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment.

- Exploitation is the improper use of another person or the improper use of or withholding of another person's assets, labour, employment or resources, including taking physical, sexual, financial or economic advantage.

A.1.6. Study design

For question one, any study design that reports statistical associations between any risk or protective factor (above) and any variable relating to violence, abuse, neglect or exploitation (as defined above) of, or violence against, the target population. This excludes case studies, qualitative studies, commentaries, literature reviews, or ecological studies (no individual-level data). This includes any study reporting on evaluations of preventative interventions designed to reduce the risk of abuse, neglect or exploitation of persons with disabilities.

For question two, any study design that allowed for the collection of data relating to the lived experience of violence abuse, neglect and exploitation (defined above) as perceived by the target population. This included case studies and studies utilising a qualitative approach. Any study design that collected data in order to produce a summary description of abuse, neglect and/or exploitation of the target population. This included studies using a descriptive approach using summaries of secondary data, for example, case notes, administrative systems, surveys or questionnaires. The following study designs were excluded: literature reviews, systematic or other reviews, commentaries, books or book chapters, conference papers and news articles.

A.1.7. Publication type

Publications reporting primary studies, reported within the peer-reviewed or grey literature.

A.2 Search terms

CEI developed search terms based on the terms associated with disability and maltreatment (see table below), limiting the search by the year of publication (1995-2020), and articles reported in English. Three databases were used to search, PubMed, PsycInfo and CINAHL Plus. These three databases were selected due to their broad coverage of relevant literature and combined due to the complementary elements of their coverage across the social sciences, health and allied health fields.

Table 3: Search terms

Disability terms – Any of	"Maltreatment" Terms – Any of	Exclusions
Indexed Subjects (exploded) • Disabled persons • Intellectual disabilities	**Indexed Subjects (exploded)** • Violence • Bullying	**Filters – Indexed Terms** • Animal-only studies • Aged-only studies (>65 years)
Text – Title, Abstract (& keywords where applicable) • Disabled • Handicap* • "Special Need*" • Cripp* • Deaf* • Blindness • "Adult* / Person* / People / Child*" … "with disab*"	**Text – Title, Abstract (& keywords where applicable)** • Violen* • Maltreat* • Exploitation • "Intentional injur*"" • Abus* (NOT "Substance abus*" or alcohol) • Neglect* (NOT (neglected NOT neglect))	**Indexed Subjects (exploded)** • Chemistry • Biological Sciences • Animal Models • Professional Impairment • Substance-related disorders • Perceptual disorders • Vector-borne diseases

**Table 4: PsycInfo search conducted on 17/11/2021- limits on years:
Studies published 1995- current**

#	Searches	Results
1	exp disabilities/	54895
2	exp "developmental disabilities"/ OR exp "disabled (attitudes toward)"/ OR "disability discrimination".sh.	22815
3	(Disabled).ti. OR (Disabled).ab. OR disabled.id.	28715
4	(("person* with" adj4 disab*) or ("people with" adj4 disab*) or ("adult* with" adj4 disab*) or ("child* with" adj4 disab*)).ti. or (("person* with" adj4 disab*) or ("people with" adj4 disab*) or ("adult* with" adj4 disab*) or ("child* with" adj4 disab*)).ab. or (("person* with" adj4 disab*) or ("people with" adj4 disab*) or ("child* with" adj4 disab*) or ("adult with" adj4 disab*)).id.	32494
5	(Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness).ti. OR (Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness).ab. OR (Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness).id.	52544
6	1 OR 2 OR 3 OR 4 OR 5	146864
7	limit 6 to (english language and yr="1995 -Current")	89800
8	exp antisocial behaviour/	146207
9	exp relational aggression/	10522
10	(abus*.ti. OR abus*.ab. OR abus*.id.) NOT ((("substance abuse" OR "alcohol").ti.) OR (("substance abuse" OR "alcohol").ab.) OR (("substance abuse" OR "alcohol").ab.))	84818
11	(neglect*.ti. OR neglect*.ab. OR neglect*.id.) NOT (((neglected NOT neglect).ti.) OR ((neglected NOT neglect).ab.) OR ((neglected NOT neglect).id.))	25873
12	(Violen* or maltreat* or exploitation or "Intentional injur*").ti. OR (Violen* or maltreat* or exploitation or "Intentional injur*").ab. OR (Violen* or maltreat* or exploitation or "Intentional injur*").id.	109192
13	9 OR 10 OR 11 OR 12 OR 13	255927
14	limit 13 to (english language and yr="1995 -Current")	195264
15	7 and 14	3398
16	15 NOT (380.ag. NOT (100.ag. OR 320.ag. OR 340.ag. OR 360.ag.)) NOT (animal.po. NOT human.po.)	3315

#	Searches	Results
17	exp biology/ or exp chemistry/ or exp "substance use disorder"/ or exp "perceptual disturbances"/ or exp "perceptual distortion"/ or exp "animal models"/ or exp "parasitic disorders"/ or "impaired professionals".sh.	1340946
18	16 not 17	2622

Table 5: PubMed search conducted on 17/11/2021- limits on years: Studies published 1995- current

#	Searches	Results
1	Disabled persons[MeSH Terms]	65965
2	Intellectual disability[MeSH Terms]	96591
3	Disabled[TIAB]	23995
4	("person with"[TIAB] OR "people with"[TIAB] OR "persons with"[TIAB] OR "adult with"[TIAB] OR "adults with"[TIAB] OR "child with"[TIAB] OR "children with"[TIAB]) AND disabilit*[TIAB]	40572
5	"Special Need*"[TIAB] OR Handicap*[TIAB] OR Cripp*[TIAB] OR Deaf*[TIAB] OR Blindness[TIAB]	98958
6	**1** OR **2** OR **3** OR **4** OR **5**	281720
7	Limit **6** to 1995 onwards, English language	166648
8	violence[MeSH Terms]	96272
9	bullying[MeSH Terms]	4380
10	abus*[TIAB] not ("substance abuse"[TIAB] or "alcohol"[TIAB])	91396
11	neglect*[TIAB] NOT (neglected[tiab] NOT neglect[tiab])	26979
12	violen*[TIAB] OR maltreat*[TIAB] OR exploitation[TIAB] OR "Intentional injur*"[TIAB]	88800
13	**8** OR **9** OR **10** OR **11** OR **12**	229650
14	Limit **13** to 1995 onwards, English language	177605
2	exp "developmental disabilities"/ OR exp "disabled (attitudes toward)"/ OR "disability discrimination".sh.	22815
3	(Disabled).ti. OR (Disabled).ab. OR disabled.id.	28715

#	Searches	Results
4	(("person* with" adj4 disab*) or ("people with" adj4 disab*) or ("adult* with" adj4 disab*) or ("child* with" adj4 disab*)).ti. or (("person* with" adj4 disab*) or ("people with" adj4 disab*) or ("adult* with" adj4 disab*) or ("child* with" adj4 disab*)).ab. or (("person* with" adj4 disab*) or ("people with" adj4 disab*) or ("child* with" adj4 disab*) or ("adult with" adj4 disab*)).id.	32494
5	(Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness).ti. OR (Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness).ab. OR (Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness).id.	52544
6	**1** OR **2** OR **3** OR **4** OR **5**	146864
7	limit **6** to (english language and yr="1995 -Current")	89800
8	exp antisocial behavior/	146207
9	exp relational aggression/	10522
10	(abus*.ti. OR abus*.ab. OR abus*.id.) NOT ((("substance abuse" OR "alcohol").ti.) OR (("substance abuse" OR "alcohol").ab.) OR (("substance abuse" OR "alcohol").ab.))	84818
11	(neglect*.ti. OR neglect*.ab. OR neglect*.id.) NOT (((neglected NOT neglect).ti.) OR ((neglected NOT neglect).ab.) OR ((neglected NOT neglect).id.))	25873
12	(Violen* or maltreat* or exploitation or "Intentional injur*").ti. OR (Violen* or maltreat* or exploitation or "Intentional injur*").ab. OR (Violen* or maltreat* or exploitation or "Intentional injur*").id.	109192
13	**9** OR **10** OR **11** OR **12** OR 13	255927
14	limit 13 to (english language and yr="1995 -Current")	195264
15	**7** AND **14**	2480
16	**15** NOT (aged[Filter] NOT(allchild[Filter] OR adult[Filter] OR middleaged[Filter])) NOT (animal[Filter] NOT humans[Filter])	2407
17	(biological science disciplines[MeSH Terms] OR chemistry[MeSH Terms] OR substance-related disorders[MeSH Terms] OR professional impairment[MeSH Terms] OR perceptual disorders[MeSH Terms] OR models, animal[MeSH Terms] OR vector borne diseases[MeSH Terms])	2561859
18	**16** NOT **17**	2218

Table 6: CINAHL search conducted on 17/11/2021- limits on years: Studies published 1995 – current

#	Searches	Results
1	(MH "Disabled+")	62135
2	(MH "Intellectual Disability+")	32910
3	(AB (disabled)) OR (TI (disabled))	12034
4	((AB ("person* with" N4 disab*)) OR (TI ("person* with" N4 disab*))) OR ((AB ("people with" N4 disab*)) OR (TI ("people with" N4 disab*)) OR ((AB ("adult* with" N4 disab*)) OR (TI ("adult* with" N4 disab*)) OR ((AB ("child* with" N4 disab*)) OR (TI ("child* with" N4 disab*))	37372
5	(AB (Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness)) OR (TI (Handicap* or "Special Need*" or Cripp* or Deaf* or Blindness))	25456
6	1 OR 2 OR 3 OR 4 OR 5	130442
7	limit 6 to (english language and yr="1995 -Current")	117538
8	(MH ("Aggression+"))	81424
9	(((AB (abus*)) OR (TI (abus*))) NOT (((AB ("substance abuse" OR "alcohol")) OR (TI ("substance abuse" OR "alcohol")))	39383
10	(((AB (neglect*)) OR (TI (neglect*))) NOT (((AB ("neglected" NOT "neglect")) OR (TI ("neglected" NOT "neglect")))	9543
11	(AB (Violen* or maltreat* or exploitation or "Intentional injur*")) OR (TI (Violen* or maltreat* or exploitation or "Intentional injur*"))	48884
12	8 OR 9 OR 10 OR 11	122003
13	limit 12 to (english language and yr="1995 -Current")	114045
14	7 AND 13	3474
15	S14 NOT ((ZG ("aged*")) NOT ((ZG ("infant*")) OR (ZG ("child*")) OR (ZG ("adolescent*")) OR (ZG ("adult*")) OR (ZG ("middle aged*"))) OR (((MH "Animals+") OR (MH "Animal Studies") OR (TI "animal model*")) NOT (MH "human")))	3379
16	(MH ("Biological Science Disciplines+")) or (MH ("Chemistry+")) or (MH ("Substance Use Disorders+")) or (MH ("Impairment, Health Professional")) or (MH ("Perceptual Disorders+")) or (MH ("Vector Borne Diseases+")) or (MH ("Models, Biological"))	432640
17	15 NOT 16	3222

A.3 Description of risk and protective studies (Australian studies only)

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
New, 2020; Australia	To determine the prevalence and impact of sexual abuse in Spinal Cord Damage (SCD).	Online and paper-based survey; Cross-sectional sample, comparing sub-groups with and without a disability.	People with SCD (n = 136); Able-bodied controls (n = 220).	Spinal Cord Damage	Disability (Physical)	Sexual abuse	Female; Age (Younger): increased risk of sexual abuse. No difference for sexual abuse between SCD group and able-bodied control group.
Nixon et al., 2017; Australia	To estimate the prevalence of criminal histories and victimisation using a large, well-defined sample of people with disabilities.	A case-linkage study comprising people registered with disability services in Victoria, Australia, whose personal details were linked with a state-wide police database. Criminal charges and reports of victimisation were compared to a non-disabled community comparison sample	People with disabilities (n=2220) and people without disabilities (n=2085). Age: Range: 15-38 years; Mixed gender.	Intellectual disabilities (assessed using both a measure of intelligence (most commonly the Weschler Adult Intelligence Scale, Fourth Edition (WAIS-IV)) and adaptive behaviour, e.g., Vineland Adaptive Behaviour Scale, Second Edition); No	Disability (Intellectual/ developmental)	Victimisation (from police records; sexual; violent; non-violent; only violent; only non-violent victimisation)	Disability (Intellectual/ developmental): increased sexual and violent crime victimisation. Note: Overall victimisation was higher for the non-disabled community sample.

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
Moffat et al., 2019; Australia	To examine differences in the relationship between social support and the experience of covert bullying among boys and girls with self-identified disability, and those without disability, in late primary and early secondary school.	Data were drawn from a nationally representative survey conducted as part of the Australian Child Wellbeing Project.	Children in years 4, 6, and 8 (n = 5440). Age: Range: 9-14 years; Mixed gender.	Disability (Students were asked: "Have you had a disability for a long time (more than 6 months) (such as, hearing or visual difficulties, using a wheelchair, mental illness)?")	Disability (Mixed)	Bullying (Measure encompassed relational, social and indirect aggression)	Disability (Mixed): increased bullying

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
McClean et al, 2017; Australia	To report the prevalence of different disabilities within the child protection system in an Australian state, and to assess risk of maltreatment in various types of disability taking into account child, family, and neighbourhood risk factors.	Population-based record-linkage study of all children born in Western Australia (WA) between 1990 and 2010 using de-identified administrative data. Disability information was obtained from 4 sources that had information for the whole study period 1990 to 2010; Longitudinal study design.	All children born in Western Australia (WA) between 1990 and 2010 (n = 524534). Age: From birth; Mixed gender.	Any disability; intellectual disability; Down Syndrome; birth defect/ cerebral palsy; Autism; mental and behavioural disorders. Disability for this article was defined as any limitation or impairment that may affect everyday activities ranging from intellectual, physical, and psychological conditions.	Disability (Mixed); Disability (Mental health); Disability (Intellectual/ developmental)	Child maltreatment (Measured by allegations and substantiations, including: physical abuse; sexual abuse; emotional abuse; neglect).	Disability (Mixed); Disability (Mental health); Disability (Intellectual/ developmental): increased child maltreatment (allegations and substantiations). Higher socioeconomic status: decreased child maltreatment (allegations and substantiations).
King et al, 2018; Australia	To examine mediation of the disability to mental health relationship by bullying-victimization.	National representative sample, Study of Australian Children (LSAC), teacher, parent, adolescent surveys; Longitudinal study design.	Children (n = 2836) with and without disabilities. Age: From 4-5 years to 14-15 years; Mixed gender	Disability; no disability. Mental health measured separately.	Disability (Mixed)	Bullying (Self- and parent- reported measures included 11 questions).	Disability (Mixed): increased bullying (mediating mental health issues).

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
Fogden et al., 2016; Australia	To determine the prevalence of criminal victimisation and offending in an ID population and to compare this to a sample of people drawn from the general population.	Participant-level data were gathered through three archived databases, linked administrative data; Cross-sectional sample, comparing people with and without intellectual disabilities.	Adults with and without intellectual disabilities (n = 2600). Age: Mean age: 35.71 years; Mixed gender	Intellectual disability	Disability (Intellectual/ developmental)	Violence (Violent offences; sexual offences; non-violent non-sexual offences)	Disability (Intellectual/ developmental): increased sexual victimisation; violent victimisation Disability (Intellectual/ developmental), plus female: increased sexual victimisation; violent victimisation. Disability (Intellectual/ developmental), plus mental health condition: increased sexual victimisation; violent victimisation.

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
Krnjacki et al, 2015; Australia	To 1) estimate the prevalence of violence for men and women according to disability status; 2) compare the risk of violence among women and men with disabilities to their same-sex non-disabled counterparts, and; 3) compare the risk of violence between women and men with disabilities.	2012 Australian Bureau of Statistics Survey on Personal Safety; Cross-sectional sample, comparing those with and without disability.	Adult Australians (n = 17 050) Age: Not specified; Mixed gender.	Disability (People were defined as having a disability if they had a limitation, impairment or restriction in everyday activities that had lasted, or was likely to last, for six months or more.)	Disability (Mixed)	Violence (Measures on: physical assault; sexual assault; partner violence (includes physical and sexual violence from a current or previous partner); partner emotional abuse (from a current or previous partner), and; stalking and harassment.)	Disability (Mixed): increased any violence; physical assault; sexual assault; partner violence; stalking/harassment (last 12 months and since age 15 years). Disability (Mixed), plus female: increased sexual assault. Disability (Mixed), plus male: increased physical assault.

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
McFarlane et al., 2006; Australia	To determine lifetime rates of different types of victimization in a population of psychiatric inpatients and to examine the associations between a history of victimization and measures of adverse outcome and rates of posttraumatic stress disorder (PTSD).	Patients of an inpatient psychiatric unit completed an interview and several questionnaires.	Psychiatric inpatients (n = 130) Age: Mean age: 36.8 years; Mixed gender	Patients with psychiatric diagnoses	Disability (Mental health)	Victimisation (Physical and/ or sexual victimisation)	Disability (Mental health), plus female: increased lifetime sexual victimisation; combination of physical and sexual victimisation. Disability (Mental health), plus male: increased physical abuse during childhood. Disability (Mental health), plus victimisation: increased adverse outcomes including psychiatric admissions, divorce and being on the disability pension.

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
Kavanagh et al., 2017; Australia	To compare the prevalence of bullying victimization between adolescents with and without disabilities and between adolescents with and without borderline intellectual functioning or intellectual disability; and (b) assess whether the relationships between disability and bullying victimization and BIF/ID and bullying victimization vary by gender and parental education.	Representative sample from the Longitudinal Study of Australian Children (LSAC); compared children with disabilities to children without.	Children with and without disabilities (n = 3956)	Disability; Borderline intellectual functioning or intellectual disability	Disability (Mixed); Disability (Intellectual/developmental)	Bullying (Self-report questionnaire measure included seven questions related to physical abuse; social abuse)	Disability (Mixed); increased bullying (Any). Disability (Intellectual/developmental): increased bullying (Social victimisation). Disability (Intellectual/developmental), lower parental education: increased bullying (Social victimisation) Higher parental education: decreased bullying

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
Baldry et al., 2013; Australia	Explores life-course human service and criminal justice histories; highlighting points of agency interaction, diversion, or support; mapping legislation and policy; and identifying gaps in protocols and service delivery, noting possible improvements for criminal justice and human service agencies.	Compiled longitudinal administrative data from all criminal justice and human service agencies in New South Wales, Australia, to create life-course pathways.	n = 2,731 persons who had served time in prison in New South Wales and whose mental health and cognitive disability diagnoses were available.	Cognitive disability and mental disorder.	Disability (Intellectual/ developmental); Disability (Mental health)	Victim of crime	Disability (Intellectual/ developmental), plus Disability (Mental health): increased victimisation. Other associations reported for entry into out of home care; homelessness; juvenile justice involvement; psychiatric admission.
Skrzypiec et al., 2016; Australia	To assess social-emotional and psychological wellbeing, global self-concept, resilience, bullying, mental ill-health and school satisfaction of students with special educational needs and disabilities.	Distributed survey to schools in South Australia; Cross-sectional study design, students with and without self-identified special education needs and disabilities were compared.	Students with and without self-identified special education needs and disabilities (n = 1930). Age: Range: 13-15 years; Mixed gender	Self-identified special education needs and disabilities.	Disability (Mixed)	Bullying (Measured by a single question: How often this year have you been bullied or harassed by a student or students at school?)	Disability (Mixed): increased bullying.

Author, Year,	Primary Study Aim	Data Collection and Study Design	Population	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation (Reported Measures)	Risk and Protective* Factors *Protective factors are counter to reported risk factors, except where noted.
He et al., 2020; Australia	To investigate the association between middle ear infection related hearing impairment and child maltreatment for young Aboriginal children living in remote NT communities.	This was a retrospective cohort study of Aboriginal school-aged children (born between 1999 and 2008) living in remote NT communities. The study used linked individual-level information from health, education and child protection services.	Aboriginal children (n = 3895) with and without hearing impairments. Age: Range: 5-17 years; Mixed gender.	Hearing impairment	Disability (Sensory)	Child maltreatment (Notification of, and substantiated, maltreatment, including: physical abuse; emotional abuse; sexual abuse; neglect).	Disability (Sensory): increased child maltreatment (notifications; substantiations; neglect; physical abuse)
Piek et al., 2005; Australia	This study investigated the relationship between peer victimisation and self-worth in a group of children with developmental coordination disorder.	Individual assessments using a range of questionnaires.	Children with developmental coordination disorder (n = 182). Age: Range: 7-11 years; Mixed gender.	Developmental coordination disorder	Disability (Physical)	Bullying (Multi-dimensional Peer-Victimisation Scale, 16 items across four subscales measuring physical and verbal victimisation, social manipulation, attacks on property)	No difference between groups reported for bullying.

A.4 Description of nature and experience studies (Australian studies only)

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
McGowan, J., & Elliott, K., 2019, Australia	This article explores attacks by neighbours and/or members of local communities on women with disability as a form of hate crime and, more specifically, targeted violence	Analysis of interview notes	Women with disability	5	People with Disability	Disability, Not-specified	Violence	Assumed vulnerability of people with disabilities; Misattributing symptoms or behaviour to the characteristics of disability
Baldry E., Briggs D., Goldson B. & Russell S., 2018, Australia and UK	Aim to learn more about young people with disability and how they are exposed to processes of criminalisation which serve to further disable them.	Semi-structured interview	Practitioners, managers and experts engaged in or with an interest in youth justice services	0	Disability[7]	Cognitive	Systemic Abuse/ Neglect	Systems serve to further disable young people with disabilities; mainstream services lack the capacity to provide for complex needs; imprisonment was the only way to get services needed

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7   disable young people with disabilities; mainstream services lack the capacity to provide for complex needs; imprisonment

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Robinson S., 2018, Australia	This project aimed to generate knowledge to improve support to students with intellectual disability who experience maltreatment, and to strengthen the implementation of their legal and human rights in school settings.	Semi-structured interview	People with disabilities, informal carers and key stakeholders	27	Intellectual disabilities	Intellectual/ Developmental	Multiple	Social isolation; lack of support
Robinson, S., & Graham, A., 2020, Australia	The aim of this study was to explore what helps and constrains children and young people with disability and high support needs in feeling and being safe in institutional settings	Mixed methods (Participant was offered a choice of how they wished to engage in research)	People with disabilities	22	Intellectual disability	Intellectual/ Developmental	Multiple	Social isolation; lack of support for parents of children with intellectual disabilities; Service providers not perceived to be able to support their needs

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Fraser-Barbour, EF., Crocker R., & Walker, R., 2018, Australia	To explore the perceptions of disability and violence-response professionals' regarding the barriers and facilitators of effective support for people with ID reporting sexual violence and accessing mainstream supports	Semi-structured interviews	Professionals	0	Intellectual disabilities	Intellectual/ Developmental	Systemic abuse/ neglect	Neglect due to discrimination against person with a disability; people with disabilities are unsure what happens after they report an incident of violence, abuse, neglect or exploitation;
Strnadová I., Johnson K. and Walmsley J., 2018, Australia	The aim of the focus groups was to explore what belonging means to people with intellectual disabilities	Focus group discussions	Adults with disabilities	24	Intellectual disabilities	Intellectual/ developmental disabilities	Systemic abuse/ neglect (social inclusion/ belonging)	Social isolation leads to violence, abuse, neglect and exploitation
Marquis R. & Jackson R., 2000, Australia	To gain insight into service users' daily experiences and their perceptions of quality in receiving services	In-depth interviews and participant observation	People with disabilities	26	Intellectual, physical, multiple disabilities	Multiple	Abuse, not specified[8]	General experience (Abuse)

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8   Authors examined poor relationships between people with disabilities and care workers that can be viewed as abusive

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Swain, PA. & Cameron, N., 2003, Australia	To increase awareness of disability discrimination law and its importance to the administration of child protection proceedings. It aimed to focus attention on the factors that contribute to prejudicial and discriminatory treatment of parents with disabilities; of the legal and human rights of parents with a disability; and of the parenting needs of parents with a disability	Multiple (Analysis of court data and observations of child court)	People with disabilities	26	Intellectual, Psychiatric or Physical disability	Multiple	Systemic Abuse/ Neglect	Lack of support in mainstream services

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
McMaugh, A., 2011, Australia	To report the experiential accounts of 24 young people with physical disability or chronic illness as they make the transition to junior high school, with a particular focus on their social experiences with peers and friends	Semi-structured interviews	People with disabilities	24	Students with chronic physical illness or physical disability	Physical	Multiple	Social isolation leads to violence, abuse, neglect and exploitation
Drake G. and Herbert J., 2015, Australia	This research presents the experiences of 15 former residents of licensed boarding houses and their supporters spanning from their time as a resident, the transition to other accommodation and their quality of life post transition.	Semi-structured interviews	People with disabilities and staff members	15	Disability[9]	Disability, not specified	Exploitation	Dependency increases exposure to violence, abuse, neglect and exploitation

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9   Defined as people who lived in a licensed boarding house

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Bourke, S., & Burgman, I., 2010, Australia	The main aim of this study was to explore how children with disabilities experience physical and emotional support when they are bullied at primary school. In addition, the following sub-questions were considered: (1) how do children with disabilities experience support from their friends when bullied; (2) how do children with disabilities experience support from their parents when bullied; (3) how do children with disabilities experience support from teachers when bullied?	Analysis of interview notes and recordings of another study	People with disabilities	10	Disability	Disability, not specified	Bullying	Disappointed by the response of providers after reporting bullying

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Pestka, K., & Wendt, S., 2014, Australia	This article aims to contribute to the domestic violence field by reporting on a narrative dialogic performative study, which utilised a feminist post-structural perspective to explore significant relationships and the concept of belonging in the lives of women with a mild intellectual disability.	Semi-structured interviews	People with disabilities	4	Intellectual disability	Intellectual/ Developmental Disability	Violence, Intimate Partner	General experience (Violence)

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Douglas H. and Harpur P., 2016, Australia	This article analyses how child protection services, police, lawyers and magistrates responded to six women with intellectual disabilities who were seeking help to escape domestic violence. Women reported a mix of enabling and disabling responses	In-depth interviews	People with disabilities	6	Intellectual disability	Intellectual/ developmental	Violence, Intimate Partner	Experience of economic abuse; Social isolation experienced by people with disability; dependency on perpetrators amongst people with disabilities; Providers were hostile towards people with disabilities who experienced abuse
Collings S., Strnadova I., Loblinzk J. & Danker I., 2020, Australia	Benefits and limits of peer support for mothers with intellectual disability affected by domestic violence and child protection	Semi-structured interviews	People with disabilities	10	Intellectual disability	Intellectual/ Developmental	Multiple	Social isolation leads to violence, abuse, neglect and exploitation; Stigma and Discrimination leads to violence, abuse, neglect and exploitation

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Ellem, K., Wilson, J. and Chui, J., 2012, Australia	To demonstrate the failure of mainstream Queensland correctional facilities to support offenders with intellectual disabilities	In-depth interviews	People with disabilities	10	Intellectual disability	Intellectual/ developmental	Systemic Abuse / Neglect	Lack of proper systems leads to violence, abuse, neglect and exploitation
Baldry, E., Bratel, J. and Breckenridge, J., 2006, Australia	The present article examines the information available on domestic violence and children with a disability, with a particular focus on Australia. Practice examples drawn from a large disability organisation in New South Wales (NSW), Australia, highlight conceptual issues and the ways they relate to social work practice.	Analysis of case notes	Carers, family/ informal	2	Disability	Disability, Not specified	Violence, intimate partner	Lack of systems make reporting violence, abuse, neglect and exploitation difficult

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Broadley, K., 2015, Australia	The main aims of the study were to (1) examine practitioner views on risks of poor outcomes for young people with disabilities leaving state care, and (2) identify practices and policies that will lead to improved outcomes for young people with disabilities transitioning from Out of Home Care.	Focus Groups	Support organisations	0	Disability	Disability, Not Specified	Systemic Abuse/ Neglect	Lack of adequate systems lead to violence, abuse, neglect and exploitation
Eastgate, G., Van Driel, M. L., Lennox, N., & Scheermeyer, E., 2011, Australia	This study explored how women with intellectual disability understand sex, relationships and sexual abuse, the effects of sexual abuse on their lives, and how successfully they protect themselves from abuse	Semi-structured interviews	People with disabilities	9	Intellectual Disability	Intellectual/ Developmental	Abuse, Sexual	Repeated occurrences of violence, abuse, neglect and exploitation; Lack of education drives violence abuse, neglect and exploitation

Author, Year, Country	Primary Study Aim	Study Design	Population	Number of people with disabilities	Disability (Author's Description)	Disability (Review Coding)	Violence, Abuse, Neglect, Exploitation	Thematic Analysis
Eastgate G., 2012, Australia	This study aims to add the perspective of those involved in the care of people with intellectual disability	Multiple (Semi-structured interviews and focus groups)	Multiple	0	Intellectual disability	Intellectual/ Developmental	Abuse, Sexual	Lack of systems to support the reporting of Violence, Abuse, Neglect and Exploitation
Torr, J., Lennox, N., Cooper, S., Rey-Conde, T., Ware, R. S., Galea, J., & Taylor, M., 2008, Australia	In light of developments in training and service provision, the aim of the present study was to compare two state-wide surveys, undertaken in 1994 and in 2004, of psychiatrists about their perceptions of their training and psychiatric treatment of adults with intellectual disabilities who also have mental health needs	Survey, distributed	Staff, frontline	0	Intellectual disability	Intellectual/ Developmental	Exploitation	Lack of adequate systems lead to violence, abuse, neglect and exploitation

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