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## Original Research

# Perceptions of safety and exposure to violence in public places among working age adults with disabilities or long-term health conditions in the UK: cross sectional study



E. Emerson <sup>a,\*</sup>, L. Krnjacki <sup>b</sup>, G. Llewellyn <sup>a</sup>, C. Vaughan <sup>b</sup>, A. Kavanagh <sup>b</sup>

<sup>a</sup> Centre for Disability Research and Policy, University of Sydney, PO Box 170, Lidcombe, NSW 1825, Australia

<sup>b</sup> Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne, Level 4, 207 Bouverie Street, Victoria 3010, Australia

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## ABSTRACT

**Objectives:** To examine perceptions of safety and exposure to violence in public places among working age adults with and without disabilities in the UK and to assess the extent to which any between-group differences may be moderated by gender and socio-economic situation.

**Study design:** Cross-sectional study.

**Methods:** Secondary analysis of data collected in Wave 3 (2011–13) of *Understanding Society*. Data were extracted on a subsample of 5069 respondents aged 16 to 64 years (28% of whom had a disability/long-term health condition) who were administered a questionnaire module addressing experiences of harassment. Between-group comparisons were made on four self-reported indicators of safety.

**Results:** Respondents with disabilities/long-term health conditions were significantly more likely to have been attacked (adjusted OR 2.30, 95%CI 1.17–4.50,  $P < 0.05$ ), insulted (adjusted OR 1.48, 95%CI 1.16–1.90,  $P < 0.01$ ) and to feel unsafe in public places (adjusted OR 1.32, 95%CI 1.16–1.56,  $P < 0.01$ ) over the previous 12 months. There were no statistically significant differences between groups with regard to self-reported avoidance of public places. These associations were moderated by both gender and poverty status, with the increased risk of exposure to violence among people with disabilities being greater for both women and people living in poverty.

**Conclusions:** The data add further support to the growing evidence base suggesting that people with a disability/long-term health condition are at significantly increased risk of exposure to interpersonal violence, particularly if they are living in poverty or are women. As such, there is a clear need to develop interventions that are targeted to the particular circumstances and needs of these high risk groups.

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\* Corresponding author.

E-mail address: [eric.emerson@lancaster.ac.uk](mailto:eric.emerson@lancaster.ac.uk) (E. Emerson).

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## Introduction

Article 1 of the UN convention of the Rights of Persons with Disabilities defines people with disabilities as those ‘who have a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’. Current conceptions of disability draw attention to the important role played by exclusionary socio-cultural practices in creating and perpetuating the social inequalities experienced by people with disabilities.<sup>1,2</sup> As such, disability is increasingly being viewed as a human rights issue.<sup>3,4</sup>

There is extensive evidence that people with disabilities are in general more likely than their non-disabled peers to be exposed to a wide range of social determinants of poor health such as poverty, unemployment, poor housing, social exclusion and overt discrimination.<sup>3,5</sup> For example, two recent meta-analyses have indicated that children and adults with disabilities are more likely to experience inter-personal violence than those without disabilities.<sup>6,7</sup>

Inter-personal violence is a significant public health and human rights issue.<sup>8,9</sup> As outlined in the recent Global Status Report on Violence Prevention, a crucial step in developing a public health response to violence is to define the magnitude of the problem using high-quality population-based data, evidence of which is currently limited.<sup>8</sup>

A small number of studies using population-based surveys in high-income countries have been published since the meta-analysis (mentioned above) which indicated that adults with disabilities had a 1.5 fold increase in the odds of interpersonal violence in the previous 12 months.<sup>7</sup> Prevalence estimates from the US have indicated that 19% of men and 36% of women with disabilities reported intimate partner violence in their lifetime compared to 13% of men and 22% of women without disabilities.<sup>10</sup> A US longitudinal study also reported higher levels of intimate partner violence among those with disabilities compared to their non-disabled counterparts, with an increased odds of 1.6 for those with physical or mental health impairments.<sup>11</sup> In the UK, analysis of data from the British Crime Survey indicated that people with disabilities were more likely to experience domestic or non-domestic violence in the last 12 months, with an increased odds of 3.0 for those with mental illness and 1.8 for those with a non-mental disability.<sup>12</sup> An additional UK study has reported that people with disabilities were significantly more likely (adjusted OR 2.3) to be exposed to violent crime in the last 12 months.<sup>13</sup> Finally, in Sweden, a national public health study has reported that men and women with disabilities were more often exposed to physical and psychological violence when compared to their same sex non-disabled counterparts.<sup>14</sup>

These studies have contributed to the growing evidence about the extent to which people with disabilities are at increased risk of exposure to violence. However, there are three important limitations to the existing literature. First, as both recent meta-analyses of the literature on violence against people with disabilities highlighted, there is a lack of high quality studies, especially those using nationally representative samples.<sup>6,7</sup> Second, there is limited evidence about

the specific contexts in which violence against people with disabilities occurs, an omission which undermines prevention responses. In particular little is known about violence that occurs in public places, such as violence against people with disabilities on the street, on public transport, in commercial places and entertainment precincts. Finally, the existing literature has primarily focused on exposure to interpersonal violence, little is known about perceptions of personal safety and the avoidance of particular places among people with disabilities.<sup>15</sup> This omission is important as an individual's perception of being unsafe in public places may lead to avoidance of such locations (and consequently reduced participation in civic and social activities) and/or increased stress when exposed to such locations. For example, a recent survey of use of public transport in Northern Ireland indicated that respondents with a disability were twice as likely as other respondents (8% vs 4%) to report that they never used public transport due to personal safety considerations.<sup>16</sup>

The aims of the present paper are to examine perceptions of safety and the extent of self-reported exposure to violence in public places among working age adults with and without disabilities in a population-based survey of adults in the UK. In addition we assess the extent to which any between group differences in reported experiences of safety and exposure to violence may be moderated by gender and socio-economic situation.

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## Methods

We undertook secondary analysis of data collected in Wave 3 of *Understanding Society*, a new longitudinal study focussing on the social and economic circumstances, attitudes, behaviours and health of UK citizens (<https://www.understandingsociety.ac.uk/>). Data were downloaded from the UK Data Archive (<http://www.data-archive.ac.uk/>). Full details of the surveys' development and methodology are available in a series of reports,<sup>17–22</sup> key aspects of which are summarized below.

## Samples

In the first wave of data collection (undertaken between January 2009 and December 2011), random sampling from the Postcode Address File in Great Britain and from the Land and Property Services Agency list of domestic properties in Northern Ireland identified 55,684 eligible households across the UK. Interviews were completed with 50,994 individuals aged 16 or older from 30,117 households, giving a household response rate of 54% and an individual response rate within participating households of 86%.<sup>17,23</sup> At Wave 3 (2011–13) interviews were completed with 36,299 individuals aged 16 to 64 years (the target population for our analyses), giving an individual retention rate of 81%.<sup>21</sup>

A questionnaire module addressing experiences of harassment was administered to a subsample of 5069 respondents in the targeted age range at Wave 3. The subsample was constituted of the Ethnic Minority Boost sample (unweighted  $n = 4056$ ), a separate sample at Wave 1 designed to ensure sufficient oversampling of participants from minority ethnic communities, and the General Population Comparison

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