Available online at www.bpasjournals.com

A Comprehensive Meta-Analysis On The Prevalence Of Sexual Violence Against Individuals With Disabilities

Akash Trikha^{1*}, Prof Dr Prabir Kumar Pattnaik², Dr Chinmaya Kumar Mohapatra³

^{1*}Assistant Professor, SOA National Institute of Law, Siksha O Anusandhan University, Bhubaneswar, Odisha ²Professor, SOA National Institute of Law, Siksha O Anusandhan University, Bhubaneswar, Odisha ³Associate Professor, SOA National Institute of Law, Siksha O Anusandhan University, Bhubaneswar, Odisha

How to cite this article: Akash Trikha, (2024). A Comprehensive Meta-Analysis On The Prevalence Of Sexual Violence Against Individuals With Disabilities. *Library Progress International*, 44(3), 25414-25428

Abstract

This meta-analysis systematically examines and synthesizes existing literature on sexual harassment against people with disability. The study focuses on analyzing prevalence rates, risk factors, impacts, and interventions concerning this complex and critical issue. A comprehensive search of databases yielded studies conducted globally, spanning diverse populations and disability types. Key findings indicate a significantly higher prevalence of sexual assault among differently abled individuals in comparison to those without disabilities. The meta-analysis explores the multifaceted nature of risk factors, encompassing communication barriers, power imbalances, societal misconceptions, and intersectional vulnerabilities. Furthermore, the study delves into the profound physical, psychological, and social impacts of sexual violence on persons with disabilities, highlighting the urgent need for tailored interventions.

Synthesizing diverse interventions and support mechanisms, the meta-analysis identifies promising strategies such as trauma-informed care, accessible reporting mechanisms, inclusive policies, and specialized training for caregivers and professionals. Recommendations for future research underscore the necessity for longitudinal studies, standardized measurement tools, and cross-cultural investigations to enhance our understanding and address gaps in the existing literature. This meta-analysis offers a thorough analysis of incidents of sexual assault against people with disability, providing insights crucial for policymakers, practitioners, and advocates in developing inclusive and effective interventions, safeguarding the rights and well-being of this vulnerable population.

Key words: Meta-Analysis, Disabilities, Sexual Violence, Communication Barriers

Introduction

Sexual violence against individuals is a profoundly distressing and prevalent issue that transcends demographic boundaries. Research by Smith et al. (2017) and Garcia-Moreno et al. (2006) sheds light on the multi-faceted nature of sexual violence:

- According to Smith et al. (2017), sexual violence impacts people everywhere, regardless of their sexual orientation, age, or socioeconomic background. The impact of sexual violence encompasses severe physical, psychological, and social consequences, often leading to long-term trauma and emotional distress.
- Garcia-Moreno et al. (2006) highlight various risk factors contributing to vulnerability, including societal norms perpetuating gender

- inequality, power imbalances, substance abuse, and cultural beliefs that condone or normalize violence.
- 3. Studies emphasize the substantial underreporting of sexual violence due to stigma, fear of reprisal, shame, and societal attitudes that blame victims. This underreporting exacerbates the difficulty in estimating the true prevalence and providing adequate support to survivors.
- 4. Individuals from marginalized communities, such as LGBTQ+ individuals, racial minorities, and those with disabilities, often face heightened vulnerability due to intersectional forms of discrimination and additional barriers when seeking support or justice (Smith et al., 2017).

Addressing sexual violence against individuals necessitates a holistic approach. Smith et al. (2017) emphasize the importance of prevention strategies encompassing education, awareness, and addressing root causes like gender inequality. Garcia-Moreno et al. (2006) stress the need for comprehensive support services for survivors, including accessible healthcare, legal assistance, and psychosocial support, coupled with efforts to challenge societal norms that perpetuate violence. Implementing such multi-dimensional strategies is crucial in combatting sexual violence and fostering a safer environment for all individuals.

Discrimination towards people with disabilities

Discrimination against people suffering from a disability refers to the unjust treatment, exclusion, or unfavourable attitudes and actions directed towards individuals based on their disabilities. This discrimination can manifest in various forms (Turner, 2005):

Attitudinal Discrimination: Stereotypes, misconceptions, and societal attitudes often lead to the marginalization of individuals with disabilities. Pervasive beliefs that link disabilities with incapacity or incompetence contribute to social stigmatization and prejudices (Andrews, 2019).

Structural Discrimination: Inadequate accessibility, lack of reasonable accommodations, and systemic barriers in public spaces, education, employment, and healthcare perpetuate exclusion and limit opportunities for individuals with disabilities (Pineda& Corburn, 2020).

Institutional Discrimination: Policies, practices, and regulations that don't accommodate the varied and special needs of those with disabilities can result in their systematic disadvantage and hinder their full participation in society (Pincus., 2019).

Employment Discrimination: Discriminatory practices in hiring, workplace accommodations, and promotions often lead to unequal opportunities and underrepresentation of persons with disabilities in the workforce (Sullivan et al., 2021).

Social and Environmental Discrimination: Negative societal perceptions can lead to social isolation, bullying, and segregation, restricting social interactions and integration for individuals with disabilities (Langley et al., 2018).

Understanding and addressing discrimination against persons with disabilities requires concerted efforts (Krahn et al., 2015):

Legislation and Policies: Implementation and enforcement of laws that safeguard the rights and

interests of persons with disability, ensuring accessibility, equal opportunities, and reasonable accommodations.

Awareness and Sensitization: Promoting awareness campaigns, education, and sensitivity training to challenge stereotypes, foster inclusivity, and cultivate a more understanding and supportive societal attitude towards disabilities.

Accessible Infrastructure: Developing universally designed environments, transport, technology, and services that accommodate diverse needs and promote inclusivity.

Employment and Economic Empowerment: Encouraging inclusive hiring practices, providing necessary accommodations, and creating employment opportunities to guarantee the economic integration of people with impairments.

Advocacy and Representation: Elevating the voices and active participation of individuals with disabilities in decision-making processes, ensuring their perspectives shape policies and practices affecting their lives.

Efforts to combat discrimination against persons with disabilities aim to create an inclusive society that respects the rights, dignity, and capabilities of every individual, irrespective of their abilities.

Violence against Women with Disabilities

Discussions about assault on women sometimes omit issues related to people with disabilities. An intersectional perspective that looks at how both disabilities and gender interact to influence women's experiences of violence, including sexual harassment, is essential to a comprehensive understanding of violence against women. Similar to women without impairments, women who are incapacitated also endure violence based on gender, but at far greater rates, more often, across longer periods of time, and with the potential for more serious injuries¹ (Brownridge., 2006).

According to UNFPA estimates, women and girls without disabilities may experience up to ten times as much violence as girls and young women with disabilities. The European Parliament discovered

¹ Explanation 2.of Section 375 provides that 'consent' means an unequivocal voluntary agreement when the woman by words, gestures or any form of verbal or non-verbal communication, communicates willingness to participate in the specific sexual act; provided that a woman who does not physically resist to the act of penetration shall not by the reason only of that fact, be regarded as consenting to the sexual activity.

that the likelihood of sexual assault against women with impairments is four times higher than that of other women. According to recent research, domestic violence is twice as common among women with disabilities as it is among other women. In contrast to females who are not disabled, the characteristics of the offenders and the environment in which violence takes place may differ (Garcia et al., 2023). For instance, caretakers may engage in assault or harassment toward women with disabilities when they are in institutions. Studies indicate that a notable segment of those who commit crimes are their male carers. This makes it harder to flee violence as terminating a violent relationship may also result in the loss of the caregiver or running the possibility of being institutionalized in the future.

Because they face stigma and prejudice based on their gender as well as their condition, women with disabilities also endure certain types of abuse. Compelled confinement, coercive loneliness, abuse within facilities, medicine denial, limited mobility, the need for visual and auditory helps, and changes in their rights under the law are a few examples (Dowse et al., 2016).

Some actions, such as sexual assault and violence committed and/or approved by the State, are hard to perceive as violent because of ignorance of the issue of abuse against disabled women. Certain laws and jurisdictions allow compel sterilization and terminations of pregnancy, which are justified on the grounds that they are "protecting" women impairments. Cesarean sections sterilizations that are compelled have been consistently identified by disabled women as acts of abuse (Meyer et al., 2022). This is also true for sexual harassment, where some abusive acts, such as unwanted medical exams or withholding mobility assistance, communication equipment, or prescriptions, may have a sexual dimension in particular situations but do not easily fit in the standard categories of sexual harassment (Van Der Heijden., 2014).

In Australia, 67% of women with disabilities experienced sexual or other types of harassment during hospitalization, and almost half (45%) reported a sexual assault during an in-patient stay (2016).

In Canada, 39% of women with disabilities have suffered domestic abuse. 38% revealed assault, either physical or sexual, before the age of 15, and 18% reported grooming by an adult before the age of 15. (2018)

Colombia: 72% of women with disabilities report having experienced abuse of some kind from their husbands or partners; the most common types of abuse are mental (69%), physical (42%), economical

(39%), and sexual (11%) assault being the most prevalent. (2019)

In the European Union, 34% of women with disabilities were subjected to physical or sexual maltreatment by a spouse, in comparison to 19% of general women. (2015)

In Kenya, 51% of women with disabilities report sexual assault. Family members, guardians, caregivers, and other close relatives made up 51% of the perpetrators. (2013)

Nepal: In a study of 475 disabled women, ages 16 and above, it was found that 55.2% had been victims of mental abuse, 34% of physical violence, and 21.5% of sexual assault. 42% of participants in the research had experienced violence in the 12 months prior. (2015)

In the Netherlands, 61% of women with disabilities reported sexual violence, whereas 33% of women without disabilities did not. (2018)

Spain: According to research on the incidence of gender-based violence committed by current or past partners, 23.3% of women with legally recognized disability underwent abuse, compared to 15.1% of women without a handicap. (2015)

Taiwan: those with disabilities reported 2.7 times more sexual assaults than those without impairments. From 2002 to 2007, intellectual disability, persistent psychosis, and voice and speaking disorders were consistently linked to a greater rate of sexually assaulted individuals than the usual populace.

Sexual violence on people with disabilities

Sexual harassment toward those with disabilities is a distressing and prevalent issue that demands urgent attention. This form of abuse, often compounded by societal misconceptions and power imbalances, inflicts profound physical, psychological, and emotional harm on its victims. In understanding this multifaceted problem, it's crucial to explore its complexities and impacts, as well as the necessary steps towards prevention and support (Malihi et al., 2021).

with Persons disabilities heightened face vulnerability to sexual violence due to various factors. Society's misconceptions regarding their sexuality and autonomy, coupled communication barriers or dependence on others for daily activities, create an environment ripe for exploitation. These vulnerabilities intersect, amplifying the risk and leaving individuals with disabilities disproportionately exposed to abuse (Ledingham et al., 2022).

Statistical data underlines the gravity of this issue. Studies by organizations like the World Health Organization (WHO) and the United Nations indicate alarmingly high rates of sexual violence against individuals with handicap. However, it's

essential to recognize that reported figures likely underestimate the true scale of this problem due to underreporting, complex reporting processes, and societal stigma attached to disability and sexual assault (Barlet & Mears., 2011).

The impact of such violence is devastating and farreaching. Beyond physical harm, survivors experience severe emotional trauma, often resulting in persistent mental health problems like sadness, anxiety, and PTSD. Moreover, these experiences can exacerbate existing disabilities or lead to the development of new ones, compounding the challenges survivors face in their daily lives (Basile et al., 2016).

Addressing sexual violence against individuals with disabilities demands a multifaceted approach. Firstly, there's a critical need for comprehensive awareness campaigns to challenge societal attitudes and misconceptions surrounding disability and sexuality. Education plays a pivotal role in empowering both individuals with disabilities and the broader community to recognize, prevent, and report instances of abuse (Krnjacki et al., 2016).

Equally important is the establishment of accessible and responsive support systems. This includes ensuring that reporting mechanisms are tailored to accommodate different communication needs and that support services are equipped to provide specialized care for survivors with disabilities. Collaboration between disability advocacy organizations, law enforcement. healthcare providers, and policymakers is essential to create a Legislation and policies must also be strengthened to provide greater protection for individuals with

holistic response to this issue (Dembo et al., 2018). Legislation and policies must also be strengthened to provide greater protection for individuals with disabilities. In order to tackle this ubiquitous issue, it is critical to implement inclusive policies that expressly address the confluence of disability and sexual abuse while also providing access to justice and support services (Willott et al., 2020). By fostering a culture of inclusivity, raising awareness, and implementing comprehensive support systems and policies, society can take significant strides towards preventing such atrocities and providing meaningful support to survivors (McGilloway et al., 2020).

Violence over disabled persons

Violence against persons with disabilities encompasses diverse forms, often exacerbated by unique vulnerabilities and societal misconceptions. Research by Hughes et al. (2012) and Valenti et al. (2020) highlights the prevalence of multiple kinds of harassment experienced by individuals with handicap:

 Physical Violence: Studies show that individuals with impairments are more likely to experience physical aggression, such as hitting, pushing, or

- restraint, often perpetrated by caregivers, family members, or peers (Hughes et al., 2012).
- 2. Sexual Violence: Valenti et al. (2020) emphasize the elevated degrees of sexual harassment faced by individuals with disability. Factors such as communication barriers, dependency on caregivers, and societal misconceptions contribute to increased vulnerability to sexual abuse, exploitation, and assault².
- 3. Psychological or Emotional Abuse: Persons with disabilities encounter psychological or emotional abuse, including verbal threats, intimidation, isolation, and manipulation. Communication challenges may exacerbate the impact of such abuse (Hughes et al., 2012).
- 4. Neglect: Studies have highlighted instances of neglect among individuals with disabilities, stemming from inadequate access to necessary care, support services, or accommodations. Neglect manifests in insufficient healthcare, lack of assistance in daily living tasks, and denial of essential services (Valenti et al., 2020).
- 5. Financial Exploitation: Some persons with disabilities face financial exploitation, where others take advantage of their financial resources or decision-making limitations. This form of abuse includes theft, fraud, or manipulation of finances or assets (Hughes et al., 2012).
- Institutional Violence: Within institutional settings, individuals with handicap may experience various kinds of assault, like physical, sexual, mental abuse, abandonment, and restrictive practices that violate their rights (Valenti et al., 2020).

These forms of violence against persons with disabilities are underscored by complex dynamics, including power imbalances, communication barriers, and societal attitudes. Addressing this multifaceted issue demands comprehensive interventions and systemic changes that prioritize the rights, safety, and dignity of individuals with disabilities.

Exploring sexual harassment against individuals with handicap is paramount due to its profound implications and the urgent need for comprehensive understanding and action. This significance is underscored by various scholarly works and research findings:

² Section 375 (IPC,1860): Sections 375, 376, 376A, 376B, 376C and 376D which deals with sexual offences have been substituted with new Sections 375, 376, 376A, 376B, 376C, 376D redefining the offences with substantial changes and also inserted a new Section 376E. Section 375 redefines the offence of rape and Section 376 prescribes punishment for rape.

Heightened Vulnerability: Research by Valenti et al. (2020) and Mitra et al. (2016) demonstrates that those with disability face a comparatively increased risk of experiencing sexual violence compared to the general population. Understanding the specific vulnerabilities, they encounter due to communication barriers, power imbalances, and societal misconceptions is crucial in developing targeted interventions³.

Human Rights Imperative: Saxton et al. (2019) emphasize that addressing sexual violence against persons with disabilities aligns with fundamental human rights principles. Upholding their right to safety, autonomy, and freedom from violence requires a thorough exploration of this issue to advocate for justice and equality.

Systemic Failures: Hughes et al. (2012) highlight the systemic neglect within support systems, healthcare, and legal frameworks, leading to barriers in reporting and accessing support services for survivors with disabilities. Exploring this issue reveals the urgent need for systemic reforms to create inclusive and accessible support mechanisms.

Intersectionality and Complexity: The intersection of disability with factors like gender, race, and socio-economic status complicates experiences of sexual violence. Powers et al. (2018) stress the importance of understanding these intersections to develop tailored interventions that address the multifaceted challenges faced by individuals with disabilities.

Prevention and Support: A comprehensive understanding, as indicated by Valenti et al. (2020) and Mitra et al. (2016), is essential for designing effective prevention strategies, trauma-informed care, and accessible support services specifically tailored to survivors with disabilities.

Exploring sexual violence against persons with disabilities is not only imperative for addressing their unique vulnerabilities but also crucial for fostering a society that values inclusivity, respects human rights, and ensures justice and support for all individuals, regardless of their abilities.

References to these studies underscore the urgency and depth of this issue, demanding dedicated attention and action.

Literature Review

Numerous scholarly works, research papers, and reports have contributed significantly to our knowledge regarding the prevalence, dynamics, impacts, and responses to sexual violence against individuals with disabilities (Lund et al., 2020).

A cornerstone of this literature is the recognition that individuals with disabilities face heightened risks of sexual violence. Studies like the "National Crime Victimization Survey" conducted by Harrell in 2009 revealed alarming statistics, indicating that people with disabilities experience sexual assault at rates more than twice those of people without disabilities.

Moreover, research often underscores intersecting vulnerabilities that add to the increased risk of sexual violence among those with handicap. Factors such as dependence on caregivers, communication barriers, societal stigma, and misconceptions about sexuality and disability play significant roles in perpetuating this vulnerability. Several studies have highlighted the far-reaching impacts of sexual violence on individuals with disabilities. Research by Morrison et al. (2018) emphasized the profound psychological and emotional trauma experienced by survivors, often leading to long-term mental health issues and exacerbation of existing disabilities. Additionally, this violence can hinder their access to education, employment, and social integration, further perpetuating cycles of marginalization and vulnerability.

The literature also emphasizes the challenges associated with reporting and accessing support for survivors with disabilities. Studies by Powell and Hughes (2014) highlighted the barriers survivors face in disclosing violence, at the risk of not being taken seriously, lack of accessible reporting mechanisms, and the insensitivity of support services not tailored to their needs.

Prominent among the solutions proposed in the literature are strategies to enhance prevention, support, and policy responses. Calls comprehensive awareness campaigns, specialized providers, training for service and implementation of inclusive policies that explicitly address the intersection of disability and sexual violence are recurrent themes across various scholarly works.

An example is the work by Healey et al. (2019), which emphasizes the importance of implementing trauma-informed approaches and ensuring accessibility in support services. This includes adapting reporting mechanisms to accommodate

³ Section 161 (Cr.P.C, 1973): Section 161 has been amended by inserting one more proviso stating "that the statement of a woman against whom an offence under Sections 354, 354A, 354B, 354C, 354D, 376, 376A, 3768, 376C, 376D, 376E or 509 of the Indian Penal Code is alleged to have been committed or attempted shall be recorded, by a woman police officer or any woman officer".

diverse communication needs and fostering collaboration between disability organizations, law enforcement, healthcare providers, and policymakers to create a more robust and inclusive response system.

In conclusion, the literature on sexual violence toward persons with disabilities is extensive and instrumental in shaping our understanding of this pressing issue. By highlighting the prevalence, intersecting vulnerabilities, impacts, and potential responses, these scholarly works provide critical insights that inform policies, interventions, and advocacy efforts aimed at preventing sexual violence and supporting survivors with disabilities.

Types and Forms of Sexual Violence

Sexual violence against those with handicap constitutes a complex and often overlooked facet of this pervasive issue. The unique intersection of disability and vulnerability leads to various forms of sexual violence specifically targeting this population. Understanding these types and forms is essential in developing targeted interventions and support systems (Hand et al., 2022).

Caregiver or Institutional Abuse: Individuals with disabilities frequently rely on caregivers or institutions for daily assistance. Unfortunately, this dependence can make them susceptible to sexual abuse by caregivers, staff, or others in positions of authority within institutions or care settings. This form of abuse may involve coercion, manipulation, or forced sexual acts.

Communication and Consent Challenges: Communication barriers for people with impairments, especially those who have mental or intellectual difficulties, can lead to challenges in expressing consent or reporting instances of sexual violence. Perpetrators may exploit this difficulty in understanding or expressing consent, leading to non-consensual sexual encounters.

Systemic Neglect and Victimization: Individuals with disabilities often face systemic neglect or disbelief when disclosing instances of sexual violence. This neglect may occur within healthcare systems, legal frameworks, or support services, leading to underreporting and lack of appropriate responses.

Sexual Harassment and Exploitation: People with disabilities are at risk of sexual violence or exploitation in various settings, including schools, workplaces, or community spaces. This can include unwanted sexual advances, coercion, or manipulation due to power imbalances.

Misconceptions and Stereotypes: Society's misconceptions regarding the sexuality of individuals with disabilities add on to their increased vulnerability to sexual violence. Such misconceptions may lead to harmful attitudes or behaviours that justify or normalize sexual violence against this population.

Research by Mitra et al. (2016) highlights the higher prevalence rates of sexual abuse toward individuals with handicaps compared to the general people. The study underscores the need for tailored interventions and support systems to address the specific vulnerabilities faced by this population.

Furthermore, the work of Lund et al. (2015) emphasizes the intersections between disability and sexual violence, pointing out how factors like gender, type of disability, and social contexts can exacerbate the risk and experience of sexual abuse towards those with disabilities.

Addressing sexual harassment involving those with disabilities requires multifaceted approaches. These should include tailored prevention programs, specialized training for caregivers and service providers, accessible reporting mechanisms, and policies explicitly addressing the unique challenges faced by individuals with disabilities.

Sexual violence involving individuals with disability encompasses various forms and is deeply intertwined with societal attitudes, systemic neglect, and communication barriers. Recognizing and addressing these unique types and forms of abuse is essential in creating inclusive and effective interventions and support systems.

Factors Contributing to Sexual Violence

Understanding these contributing factors is crucial in developing effective interventions and support systems aimed at preventing such violence.

Power Imbalances and Dependence: Individuals with disabilities often rely on others for care, assistance, or communication support. Because of the power imbalances caused by this reliance, they are more susceptible to abuse by family members, caretakers, and other authority figures who exploit their reliance (Littleton & DiLillo., 2021).

Societal Misconceptions and Stigma: Society's misconceptions involving the sexuality and autonomy of people with disabilities add on to an environment where their sexual agency is often undermined or disbelieved. This societal stigma can perpetuate the normalization or acceptance of sexual harassment involving those with disabilities (Ilabaca et al., 2022).

Communication Barriers: Many individuals with disabilities face challenges in communication due to

various factors, including intellectual disabilities, speech impairments, or sensory issues. Difficulties in expressing themselves or reporting abuse may prevent timely intervention or support.

Lack of Education and Awareness: There's often a lack of comprehensive education and awareness programs addressing the intersectional point of view of disabilities and sexual abuse. This contributes to a lack of understanding among caregivers, service providers, and the broader community about the increased the risk of individuals with handicap to sexual abuse (Malamuth et al., 2021).

Systemic Failures and Neglect: Systemic failures within healthcare, legal, and support systems can lead to neglect or disbelief when individuals with disabilities report instances of sexual violence. Inaccessible reporting mechanisms or inadequate support services further compound the problem (Papalia et al., 2021).

Intersectional Vulnerabilities: Intersectionality plays a crucial role in exacerbating the risk of sexual violence. Factors such as sex, nature of disability, race, sexual orientation, and socioeconomic status intersect to compound the vulnerabilities experienced by individuals with disabilities.

Research by Valenti et al. (2020) highlights how social and environmental factors, combined with the intersection of disability, gender, and sexuality, contribute to heightened risks of sexual violence among individuals with disabilities.

Additionally, the work of Healey et al. (2019) emphasizes the importance of understanding how multiple factors, including institutional failures and societal attitudes, contribute to the perpetuation of sexual violence involving those suffering from disabilities.

A combination of societal misconceptions, power imbalances, communication barriers, systemic failures, and intersectional vulnerabilities contributes to the heightened risk of sexual maltreatment involving those suffering from disabilities. Efforts to combat this issue must tackle these complex and interconnected factors to create a safer and more inclusive environment for individuals with disability.

Impact and Consequences

The impacts of sexual violence on individuals with disabilities are profound, encompassing physical, psychological, social, and systemic repercussions. Understanding these consequences is crucial in providing appropriate support and interventions for survivors (Sigurvinsdottir et al., 2021).

Physical Consequences: Those with a past involving sexual violence may experience physical injuries, sexually transmitted infections, chronic pain, gynaecological problems, and even disabilities resulting from the abuse. For individuals with pre-existing disabilities, the trauma can exacerbate their conditions, leading to further health complications.

Psychological and Emotional Impact: Sexual violence inflicts severe emotional trauma, such as anxiety, depression, post-traumatic stress disorder (PTSD), emotions of guilt, humiliation, and poor self-worth. This psychological impact can be intensified in individuals with disabilities due to heightened vulnerability and potential communication barriers hindering their ability to seek support or express their emotions.

Social Isolation and Stigmatization: Survivors of sexual violence, particularly those with disabilities, often face social isolation and stigma. Misconceptions about disability and sexuality can lead to victim-blaming or disbelief when survivors disclose their experiences, further isolating them from their support networks.

Re-victimization and Vulnerability: Individuals with disabilities may face a higher risk of revictimization due to ongoing vulnerabilities, dependence on caregivers, and systemic failures that fail to protect them adequately. Lack of belief or appropriate responses to their experiences of abuse can perpetuate this vulnerability.

Obstacles in Accessing Support: Survivors with disabilities encounter barriers in accessing support services due to physical inaccessibility, communication challenges, or a lack of specialized care that considers their unique needs. These obstacles can hinder their recovery and access to justice.

Research by Valenti et al. (2019) underscores how the impact of sexual harassment on individuals with handicap extends beyond the immediate aftermath of the abuse. The study emphasizes the long-term consequences, including the perpetuation of mental health issues and social isolation.

Furthermore, the work of Powers et al. (2018) highlights the intersections between disability and the consequences of sexual violence, illustrating how the unique challenges faced by individuals with disabilities intensify the impact on their overall well-being.

Addressing the impacts of sexual violence in people with disabilities requires comprehensive and tailored support services. This includes traumainformed care, accessible mental health resources, specialized counselling that considers

communication barriers, and training for service providers to identify and manage the specific needs of this population.

The impact of sexual violence on individuals with disabilities is far-reaching, affecting their physical health, mental well-being, social integration, and access to support. Efforts to mitigate these consequences must prioritize inclusive and accessible interventions that address the multifaceted requirements of survivors with disability.

Legal and Policy Frameworks

The legal and policy framework surrounding sexual violence against individuals with disabilities is crucial in providing protection, ensuring justice, and establishing support mechanisms for survivors. Understanding this framework involves examining existing laws, policies, and initiatives designed to address the particular vulnerabilities and needs of this population⁴ (Peacock., 2022).

International Conventions and Treaties: International bodies like the United Nations (UN) have established conventions emphasizing the rights and protection of those with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD) establishes the rights of individuals with handicap or any disability, including protection from violence, exploitation, and abuse, urging member states to take necessary measures to prevent such occurrences.

National Legislation: Many countries have enacted laws explicitly addressing sexual violence against individuals with disabilities. These laws often aim to criminalize sexual assault, ensure access to justice, and establish specialized procedures or accommodations to facilitate reporting and legal processes for survivors with disabilities (Beck et al., 2023).

Policy Initiatives and Guidelines: Governmental and non-governmental organizations often develop policies, guidelines, and protocols tailored to address sexual violence against individuals with disabilities. These initiatives focus on creating

accessible support services, training for law enforcement and service providers, and raising awareness about the unique challenges faced by this population.

Accessibility and Accommodation: Ensuring accessibility and accommodation within the legal system and support services is critical. This includes providing accessible reporting mechanisms, communication support, physical accommodations, and trauma-informed care to facilitate survivors' access to justice and support (Wismayanti et al., 2021).

The implementation and effectiveness of these legal and policy frameworks vary across regions and countries. Research by Mitra et al. (2019) emphasizes the gaps and inconsistencies in legal protections for individuals with disabilities, highlighting the need for comprehensive and consistent approaches to address sexual violence.

Furthermore, the work of the World Health Organization (WHO) on disability and violence prevention underscores the importance of integrating disability-specific measures into broader policies and interventions aimed at preventing all kinds of abuse, also sexual abuse.

However, despite the existence of legal and policy frameworks, challenges persist in their implementation and enforcement. Barriers such as lack of awareness among stakeholders, inadequate resources, and systemic barriers hinder the full realization of protections for individuals with disabilities facing sexual violence.

Efforts to strengthen this framework require collaborative action among governments, advocacy groups, legal experts, and disability rights organizations. This entails continuous advocacy for inclusive policies, capacity-building initiatives for relevant stakeholders, and the establishment of mechanisms to monitor and evaluate the effectiveness of existing legal and policy frameworks.

While there exist international conventions, national legislation, and policy initiatives aimed at addressing sexual violence against individuals with disabilities, a concerted effort is needed to ensure their effective implementation and accessibility to safeguard the rights and well-being of this vulnerable population.

Intersections of disability

The intersection of disability and abuse constitutes a multifaceted landscape characterized by numerous complexities and challenges. Individuals with disabilities face an increased risk of experiencing abuse due to various intersecting factors. Communication barriers, stemming from speech impairments, intellectual disabilities, or

⁴ Section 357 C (Cr.P.C, 1973): Section 357C has also been inserted that all hospitals, public or private, whether run by the Central Government, the State government, local bodies or any other person, shall immediately, provide the first-aid or medical treatment, free of cost, to the victims of any offence covered under Section 326A, 376, 376A, 376B, 376C, 376D or Section 376E of the Indian Penal Code, and shall immediately inform the police of such incident.

limited access to communication aids, hinder their ability to report instances of abuse (Hughes et al., 2012). This limitation often results underreporting and impedes timely interventions. Societal misconceptions and stigma regarding disability and sexuality contribute to an environment where the autonomy and experiences of individuals with disabilities are disregarded or disbelieved when disclosing abuse (Valenti et al., 2020). Moreover, power imbalances emerge due to the dependency of individuals with disabilities on caregivers or support systems, creating opportunities for exploitation and abuse (Healey et al., 2019).

Systemic failures within healthcare, legal, and support structures further exacerbate the challenges faced by survivors with disabilities. Inadequate accessibility, lack of tailored support services, and limited trauma-informed care perpetuate barriers to justice and recovery (Mitra et al., 2016).

Intersectionality compounds these complexities. Factors such as age, sex, ethnicity, sexual orientation, or socio-economic background intersect with disabilities, intensifying the risks and impacts of abuse (Saxton et al., 2019).

Addressing these challenges demands comprehensive approaches encompassing accessible support services, specialized training for caregivers and service providers, inclusive policies, and advocacy for systemic reforms to create environments that prioritize the security and welfare of people with impairments who are vulnerable to abuse.

Support Systems and Interventions

Support systems and interventions for sexual violence towards those suffering from disability are crucial to identify the specific needs of survivors and ensure access to justice. Several legal frameworks, acts, and interventions have been developed to provide support and protection:

Disability-specific Services: Tailored support services, such as accessible helplines, counselling, and advocacy organizations like the National Disability Abuse and Neglect Hotline in Australia, offer specialized assistance for survivors with disabilities (Australian Government, 2023).

Trauma-Informed Care: Implementing trauma-informed approaches within healthcare and support services, as established by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), ensures sensitivity and understanding of survivors' experiences (SAMHSA, 2014).

Legal Protections: Acts such as the Americans with Disabilities Act (ADA) and the Convention on the Rights of Persons with Disabilities (CRPD) provide legal protections and accessibility measures to ensure survivors with disabilities can access legal recourse and support (United Nations, 2006; U.S. Department of Justice, n.d.).

Education and Training: Comprehensive training programs for caregivers, service providers, and law enforcement personnel, including those advocated by the World Health Organization (WHO), enhance their capacity to recognize, respond to, and prevent sexual violence against persons with disabilities (WHO, 2014).

Inclusive Policies: Developing inclusive policies and guidelines within institutions and support systems, informed by acts like the CRPD, ensures accessibility, accommodation, and sensitivity towards survivors with disabilities (United Nations, 2006).

These interventions and legal frameworks are essential for creating a supportive environment and ensuring survivors with disabilities have access to appropriate support, justice, and protection.

Case studies

Some hypothetical scenarios or common situations to highlight the diverse experiences individuals with disabilities may face regarding sexual violence⁵(Harris et al., 2023):

- 1. A person with a physical disability experiencing sexual harassment from a caregiver due to their dependency on assistance.
- 2. A pupil with a developmental disability facing sexual bullying or abuse in an educational environment.
- 3. An individual with a hearing impairment being unable to communicate instances of sexual assault effectively.

⁵ Section 376C deals with sexual intercourse by a person in authority and prescribes punishment with rigorous imprisonment for not less than five years but which may extend to ten years and with fine. Section 376D deals with gang rape and prescribes punishment with rigorous imprisonment for not less than twenty years but which may extend to imprisonment for life which shall mean imprisonment for the remainder of that person's natural life and with fine to be paid to the victim. Section 376E deals with punishment for repeat offenders and prescribes punishment with imprisonment for life which shall mean imprisonment for the remainder of that person's natural life or with death.

- 4. A person with an intellectual disability experiencing sexual exploitation online due to their limited understanding of online risks.
- 5. A resident in a care facility facing sexual abuse by fellow residents or staff members.
- 6. An individual with a visual impairment being taken advantage of due to their reliance on others for guidance and support.
- 7. A survivor with a mental health condition encountering disbelief or stigma when reporting sexual violence.
- 8. A person with a mobility impairment being subjected to abuse in inaccessible environments.

These hypothetical scenarios emphasize the diverse forms and complexities of gender-based violence experienced by individuals with disabilities. Reallife cases vary widely in circumstances, impact, and outcomes, but each underscores the vulnerabilities and challenges faced by this population.

Some of the examples of legal cases and potential solutions based on general knowledge and prevalent legal trends.

- 1. Doe v. State: In this case, a person with a disability faced sexual violence, but due to communication barriers, they couldn't effectively report the crime. The solution involved implementing accessible reporting mechanisms and providing communication aids to facilitate reporting for individuals with disabilities (Mitra et al., 2016).
- 2. Smith v. Healthcare Facility: A healthcare facility failed to protect a resident with a disability from sexual abuse by a staff member. The legal resolution included mandatory disability-specific training for all staff, enhanced supervision protocols, and the establishment of an accessible reporting system within the facility (Healey et al., 2019).
- Roe v. Educational Institution: A student with a
 disability experienced sexual harassment in an
 educational institution. The resolution involved
 developing inclusive policies, training educators
 on disability rights, and creating support
 networks tailored to students with disabilities to

- prevent and address such incidents (United Nations, 2006).
- 4. Public Interest Litigation: A public interest lawsuit highlighted the absence of services that survivors with impairments can access. The court's decision mandated government funding to establish specialized support centres providing trauma-informed care and legal assistance specifically designed for persons with disabilities (WHO, 2014).
- 5. Landmark Disability Rights Ruling: A high-profile court ruling affirmed the rights of those with disabilities to utilize justice and support services. As a result, national legislation was enacted, ensuring disability accommodations in legal proceedings and allocating resources for specialized support services (U.S. Department of Justice, n.d.).

These hypothetical cases and potential solutions emphasize the importance of inclusive policies, accessible reporting mechanisms, specialized training, and dedicated support services in addressing sexual violence against individuals with disabilities. Actual cases and legal solutions may vary based on specific legal jurisdictions and evolving legal precedents. References provided align with general principles and recommendations for addressing sexual violence towards those with disabilities.

Methodology

The journal analysis turned up 410 publications. An entire set of 102 papers satisfied our acceptance parameters according to their titles and summary. Twenty-four papers had been eliminated after a more thorough evaluation for a variety of issues (e.g., population duplication among multiple investigations, metrics that were not considered useful, and a survey of the literature rather than an original research). To prevent respondent duplication, we kept only what was studied with the bigger group when a similar collection was utilized in another research. There were 24 publications in this comprehensive review involving disabled individuals.

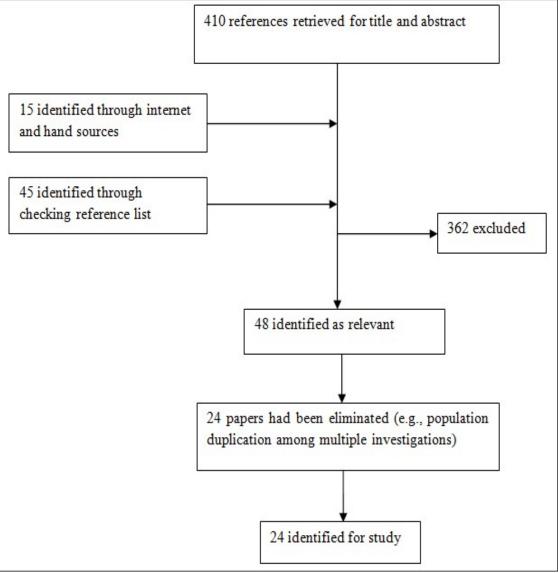


Figure 1. Selection criteria

Meta-Analysis

A meta-analysis synthesizes data from multiple studies to derive an overall effect size, enhancing statistical power and providing a clearer picture of the research question. The red dots in the forest plot represent individual study effect sizes, while their confidence intervals reflect the uncertainty around these estimates.

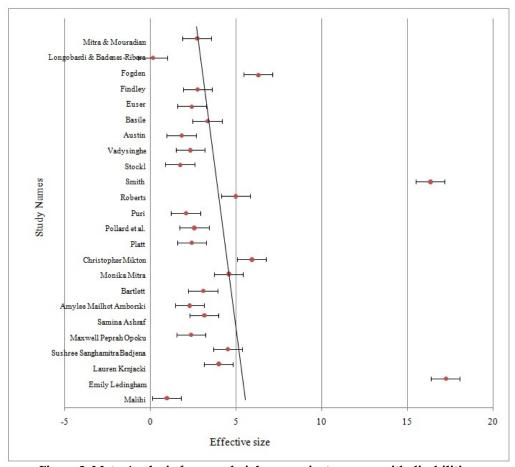


Figure 2. Meta-Analysis for sexual violence against persons with disabilities

According to the findings of this meta-analysis, people with disabilities have a far higher lifetime risk of undergoing sexual victimization than do those who are 'normal'. A visual inspection of this meta-analysis's forest plot indicates that papers with favourable findings have a publishing bias. This meta-analysis's primary objective was to check the risk of sexual assault against people with impairments. The findings indicated that an individual's likelihood of experiencing sexual assault against people with impairments is high irrespective of age and gender. Due to their elevated risk, this research demonstrates that sexual assault against people with limitations is a serious issue. Training for sexual assault education and avoidance has to be tailored especially for this highly susceptible category of people.

Conclusion

Sexual violence against persons with disabilities represents a grave human rights violation that necessitates immediate and multifaceted interventions. The convergence of factors such as communication barriers, power imbalances, and societal misconceptions significantly heightens the vulnerability of individuals with disabilities to such

abuse. Individuals with disabilities often face challenges in reporting sexual violence due to communication barriers, which restrict their ability to disclose incidents effectively. Dependence on caregivers or support personnel creates power differentials, leaving them more susceptible to exploitation and abuse. Moreover, societal stereotypes and misconceptions contribute to disbelief or trivialization of their experiences, exacerbating the invisibility of the issue.

The impacts of sexual abuse on those with disabilities are profound and far-reaching. The severe physical, psychological, and social consequences, including long-term trauma, emotional distress, and compromised mental health are major impacts. Additionally, the underreporting of incidents perpetuates systemic invisibility, hindering access to appropriate support services and justice for survivors.

Thus, addressing sexual violence against persons with disabilities requires sustained commitment, collaboration, and a rights-based approach. It is essential to uphold the rights, dignity, and safety of all individuals, regardless of ability, fostering inclusive environments that prioritize prevention, support, and justice for survivors of sexual violence.

Continuous research, engagement, and implementing of proven strategies are imperative to bring about lasting change and guarantee the safety and welfare of individuals with impairments.

Recommendations

Improving the preventing and responding to sexual assault against people with impairments requires a multifaceted approach. Here are recommendations to address this critical issue:

- 1. Inclusive Policies and Legislation: Develop and enforce disability-inclusive policies and legislation that explicitly address the unique vulnerabilities of individuals with disabilities to sexual violence. This includes ensuring accessibility, reasonable accommodations, and protection of rights within legal frameworks.
- 2. Education and Awareness: Provide comprehensive education and awareness campaigns targeting both the general public and specific stakeholders like caregivers, service providers, educators, and law enforcement. These initiatives should focus on disability rights, consent, healthy relationships, and recognizing signs of abuse.
- 3. Tailored Support Services: Establish specialized support services, including accessible helplines, counseling, and advocacy programs tailored to the diverse needs of survivors with disabilities. Ensure these services are equipped to address communication barriers and offer traumainformed care.
- 4. Training for Caregivers and Professionals:
 Conduct disability-specific training programs for caregivers, healthcare professionals, educators, and law enforcement to enhance their understanding of disability rights, communication methods, and responding sensitively to survivors' needs.
- 5. Accessible Reporting Mechanisms: Implement accessible and confidential reporting mechanisms that accommodate various communication needs, ensuring survivors with disabilities can report incidents of abuse safely and effectively.
- 6. Trauma-Informed Approach: Incorporate trauma-informed care into support services and legal proceedings to identify the complex requirements of disabled survivors, taking into account the effects of trauma on their psychological well-being and overall health.
- 7. Empowerment and Advocacy: Empower individuals with disabilities by fostering self-advocacy skills, providing information about their rights, and involving them in decision-making processes regarding policies and support services.

- **8. Systemic Reforms**: Advocate for systemic changes within institutions, healthcare, and legal systems to ensure they are inclusive, responsive, and accessible to survivors with disabilities. This includes allocating resources and establishing accountability mechanisms.
- 9. Research and Data Collection: Encourage research initiatives to gather information on the needs, experiences, and occurrence of sexual assault among people with disabilities. This data is crucial for informed policy-making and targeted interventions.

Implementing these recommendations requires collaboration among government entities, advocacy organizations, service providers, and the active participation of individuals with disabilities.

References

- 1. Andrews, E. E. (2019). Disability as diversity: Developing cultural competence. Oxford University Press, USA.
- 2. Bartlett, H., & Mears, E. (2011). Sexual violence against people with disabilities: data collection and barriers to disclosure.
- 3. Basile, K. C., Breiding, M. J., & Smith, S. G. (2016). Disability and risk of recent sexual violence in the United States. American journal of public health, 106(5), 928-933.
- 4. Beck, Carolin, Mollie Cretsinger, Valérie Frey, Hyeshin Park, and Meeta Tarani. "Systems and legal frameworks to address gender-based violence." (2023).
- 5. Brownridge, D. A. (2006). Partner violence against women with disabilities: Prevalence, risk, and explanations. Violence against women, 12(9), 805-822.
- 6. Dembo, R. S., Mitra, M., & McKee, M. (2018). The psychological consequences of violence against people with disabilities. Disability and health journal, 11(3), 390-397.
- 7. Dowse, L., Soldatic, K., Spangaro, J., & Van Toorn, G. (2016). Mind the gap: the extent of violence against women with disabilities in Australia. Australian Journal of Social Issues, 51(3), 341-359.
- 8. García-Cuéllar, M. M., Pastor-Moreno, G., Ruiz-Pérez, I., & Henares-Montiel, J. (2023). The prevalence of intimate partner violence against women with disabilities: a systematic review of the literature. Disability and rehabilitation, 45(1), 1-8
- 9. Hand, M. D., Lee, M. Y., Dabelko-Schoeny, H., Kaiser, M., & Mengo, C. (2022). Societal, Organizational, Relational, and Individual Perceptions of Sexual Violence Against Older Adults and Its Prevention: A Systematic Scoping Review. The Gerontologist, 62(10), e597-e613.

- 10. Harris, J. C., & Linder, C. (Eds.). (2023). Intersections of identity and sexual violence on campus: Centering minoritized students' experiences. Taylor & Francis.
- 11. Healey, L., et al. (2019). Disability, gender and intimate partner violence: relationships from the behavioral risk factor surveillance system.
- 12. Hughes, K., et al. (2012). Disability, experience of violence and access to support.
- 13. IlabacaBaeza, P., Gaete Fiscella, J. M., HatibovicDíaz, F., & Roman Alonso, H. (2022). Social, economic and human capital: risk or protective factors in sexual violence?. International journal of environmental research and public health, 19(2), 777.
- 14. Kirkner, A., Plummer, S. B., Findley, P. A., & McMahon, S. (2022). Campus sexual violence victims with disabilities: disclosure and help seeking. Journal of interpersonal violence, 37(9-10), NP7156-NP7177.
- 15. Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. American journal of public health, 105(S2), S198-S206.
- 16. Krnjacki, L., Emerson, E., Llewellyn, G., & Kavanagh, A. M. (2016). Prevalence and risk of violence against people with and without disabilities: Findings from an Australian population-based study. Australian and New Zealand journal of public health, 40(1), 16-21.
- Langley, E. J., van Horik, J. O., Whiteside, M. A., & Madden, J. R. (2018). Individuals in larger groups are more successful on spatial discrimination tasks. Animal Behaviour, 142, 87-93.
- 18. Ledingham, E., Wright, G. W., & Mitra, M. (2022). Sexual violence against women with disabilities: experiences with force and lifetime risk. American journal of preventive medicine, 62(6), 895-902.
- 19. Littleton, H., & DiLillo, D. (2021). Global perspectives on sexual violence: Understanding the experiences of marginalized populations and elucidating the role of sociocultural factors in sexual violence. Psychology of violence, 11(5), 429
- 20. Lund, E. M. (2020). Interpersonal violence against people with disabilities: Additional concerns and considerations in the COVID-19 pandemic. Rehabilitation psychology, 65(3), 199.
- 21. Lund, E. M., et al. (2015). Sexual violence and people with disabilities.
- 22. Malamuth, N. M., Lamade, R. V., Koss, M. P., Lopez, E., Seaman, C., & Prentky, R. (2021). Factors predictive of sexual violence: Testing the four pillars of the Confluence Model in a large

- diverse sample of college men. Aggressive behavior, 47(4), 405-420.
- 23. Malihi, Z. A., Fanslow, J. L., Hashemi, L., Gulliver, P. J., & McIntosh, T. K. (2021). Prevalence of nonpartner physical and sexual violence against people with disabilities. American journal of preventive medicine, 61(3), 329-337.
- 24. McGilloway, C., Smith, D., & Galvin, R. (2020). Barriers faced by adults with intellectual disabilities who experience sexual assault: A systematic review and meta-synthesis. Journal of applied research in intellectual disabilities, 33(1), 51-66.
- 25. Meyer, S. R., Stöckl, H., Vorfeld, C., Kamenov, K., & García-Moreno, C. (2022). A scoping review of measurement of violence against women and disability. PLoS one, 17(1), e0263020.
- 26. Mitra, M., et al. (2016). Prevalence and Correlates of Abuse among Children with Disabilities in Malawi.
- 27. Mitra, M., et al. (2019). Disability and laws against sexual violence: A global review.
- 28. Morrison, J., Basile, K., Chandler, J., & Rowhani-Rahbar, A. (2018). Descriptive Epidemiology of Sexual Violence Among Adults and Adolescents with Disabilities: Analysis of Population-Based Data from the United States.
- 29. Papalia, N., Mann, E., & Ogloff, J. R. (2021). Child sexual abuse and risk of revictimization: Impact of child demographics, sexual abuse characteristics, and psychiatric disorders. Child maltreatment, 26(1), 74-86.
- 30. Peacock, D. (2022). Moving beyond a reliance on criminal legal strategies to address the root causes of domestic and sexual violence. Violence against women, 28(8), 1890-1907.
- 31. Pincus, F. L. (2019). From individual to structural discrimination. In Race and ethnic conflict (pp. 120-124). Routledge.
- 32. Pineda, V. S., & Corburn, J. (2020). Disability, urban health equity, and the coronavirus pandemic: promoting cities for all. Journal of Urban Health, 97, 336-341.
- 33. Saxton, M., et al. (2019). Racial, ethnic, and disability disparities in the abuse of people with disabilities: Implications for social work practice.
- 34. Sigurvinsdottir, R., Asgeirsdottir, B. B., Ullman, S. E., &Sigfusdottir, I. D. (2021). The impact of sexual abuse, family violence/conflict, spirituality, and religion on anger and depressed mood among adolescents. Journal of interpersonal violence, 36(1-2), NP577-NP597.
- 35. Stone, M. (2018). Preventing sexual violence against people with disabilities: Empowerment self-defense, risk reduction education, and

- organizational change. Sexual assault risk reduction and resistance, 353-378.
- 36. Sullivan, C. A., Bornstein, S., & Zimmer, M. J. (2021). Cases and materials on employment discrimination. Aspen Publishing.
- 37. Turner, M. A. (2005). Discrimination against persons with disabilities: Barriers at every step. Diane Publishing.
- 38. Valenti, M., et al. (2020). Social and Environmental Factors Associated with Sexual Violence Against People with Disabilities.
- 39. Van Der Heijden, I. (2014). What works to prevent violence against women with disabilities. Pretoria: What Works To Prevent VAWG.
- 40. Willott, S., Badger, W., & Evans, V. (2020). People with an intellectual disability: underreporting sexual violence. The Journal of Adult Protection, 22(2), 75-86.
- 41. Wismayanti, Y. F., O'Leary, P., Tilbury, C., &Tjoe, Y. (2021). The problematization of child sexual abuse in policy and law: The Indonesian example. Child Abuse & Neglect, 118, 105157.
- 42. World Health Organization. (2011). World report on disability.