



# Factors Associated with Violence of Persons with Disabilities in the Thai Context

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## Abstract

This study used an analytical descriptive research approach, focusing on violence against people with disabilities, the types of violence experiences, and the factors related to the violence among people with disabilities in the Thai context. This study applied the Ecological model for understanding interpersonal violence from the World Health Organization as the theoretical guideline. The calculated samples consisted of 201 people who have a disability aged 20 years old and over. Descriptive statistics were used to describe the general characteristics, and logistic regression was applied for the data analysis. The results revealed that people with disability experienced overall violence at 98%, psychological violence 96.5%, physical violence 77.1%, violence from being neglected 75.6%. Factors influencing violence against people with disabilities composed of younger age, being female, low income, living with illness, poor relationships within the family, less family members, and social values to violence. The result of this study could be beneficial in developing awareness and prevention programs to protect human rights violations against people with disabilities in the Thai context.

**Keywords:** Disability, Violence, Thailand

## Introduction

The World Health Organization<sup>1</sup> found that people with disabilities had a 1.5 times higher risk of being exposed to violence when compared to people without disabilities. Mitra et al.<sup>2</sup> found that females with disabilities remained to be the most vulnerable group to violent treatment. The study by Krnjacki et al.<sup>3</sup> in Australia revealed that people with disabilities were treated with violence at a rate of 12.4 times higher than normal people. It was found that females with disabilities had a higher tendency to be sexually abused than females without disabilities (16.8%, 13.9%). Moreover, it was revealed that females with disabilities experienced sexual violence, such as sexual harassment, at a higher rate than normal people (55.11%, 45.07%). Additionally, the study of Khalifeh et al.<sup>4</sup> found that male people with disabilities were most subjected to physical violence (53%). However, relationships within family, especially conflicting family relationships<sup>5</sup>, parental history of violence and family break-up were found as the predictive factors for violence against disability<sup>6</sup>. While community with high crime<sup>7</sup> and social acceptance of violence was found to be risk factors for all vulnerable group<sup>8,9</sup>.

In Thailand, there are 1,802,375 people with disabilities, or 2.72 percent of the total population in the country<sup>10</sup>. The Department of Promotion and Development of the Quality of Life of People with Disabilities has databased outlined that most disabled people in Thailand were unemployed (56.85%), and only 28.42 percent have a career to earn a living. The government pays a monthly allowance welfare of 800 Baht to Thais with a disability. Most of them graduated at the elementary school level (54.9%) and about one third was illiterate (37.73%). It was found that among people with disabilities, physical disabilities were the most prevalent 48.82 percent. In Thai traditional, cultural, and religious context, people will sympathize with those who live with disabilities. However, there is currently more information in the media showing cases of violence against people with disabilities. People with disabilities in Thailand are being neglected, discriminated against, and seen as a burden to society, with no potential to contribute to society while being incapable of taking care of themselves. According to the survey from the Department of Mental Health, and the Social Assistance Center<sup>11</sup>, it reported that violence occurred in all groups of people in Thailand; However, the group of people with disabilities ranks one of the three groups with the most victims of violence, which accounts for 5.07 percent. However, in Thailand, most of the related studies were related to quality of life among people with disabilities and social welfare management for people with disabilities.<sup>13,14</sup> Most of which are studied in the

mobility or physical disabilities from level 1–4 of those who were able to evaluate and make the decision when filling in the questionnaire.

Violence against people with disabilities has become a new phenomenon in Thailand and has gotten more severe than violence against people without disabilities. The researcher as a community nursing practitioner who helped promote people's well-being, disease prevention, and rehabilitation. Understands it is a big concern that people with disabilities are a marginalized and unprivileged group who struggle with their difficult living conditions and may need help. Therefore, the aim of this study was to explore factors predicting violence against people with disabilities by applying the Ecological model for understanding violence as the framework<sup>1</sup>. It is expected that preventive measures can be sought out to address the violence against people with disabilities. It could be a policy-driven proposal related to organizations providing aid and solving problems of violence against people with disabilities together with promoting human rights and equity among people with disabilities in the future.

## Materials and Methods

### *Population*

The population in the study was 1,860 people with mobility or physical disabilities aged over 20 years old, males and females, registered with the Disabled Persons Association, and who resided in Samut Prakan Province, Thailand. Of these, 328 were people with mobility or physical disabilities in the lottery quota group and 1,532 were non-members of the lottery quota group who stayed at home.

### *Samples*

The samples in this study were 199 people with mobility or physical disabilities aged 20 years old and over both males and females calculated by Daniel<sup>15</sup>. Of these, 35 were people with mobility or physical disabilities of the lottery quota group, 164 were non-members of the lottery quota group and stayed at home. The total number of samples included was 201.

### *Data Collection*

1. The research was approved by the Ethical Review Committee for Human Research, Faculty of Public Health, Mahidol University, No: MUPH 2018-035 before data collection

2. The researcher then asked for permission and later got a letter of permission from the President of the Disabled Persons Association of Samut Prakan Province for data collection.

3. The researcher met the President of the Disabled Persons Association to clarify the purpose, research methodology, and the samples of this study. The association was facilitated by informing the sample group through the LINE application and voice announcement during the date of data collection. The researcher collected the data by using a set of questionnaires on the day the association allocated the lottery quotas to the disabled. The questionnaires were answered by the respondents and were also read by the research team for the disabled to choose the answers.

4. For the disabled people who were not members of the lottery quotas, documents and questionnaires were sent to their home addresses. In case there was no response, one month later the samples received follow-up calls to clarify the purpose of participation.

### *Research Instruments*

Regarding the process of research instruments quality determination, Content validity Index (CVI) was conducted with 3 experts in violence, disability, and public health nursing. For Reliability, the research questionnaires were tested with 30 people with disability and Conbanch' Alpha Coefficient was used for analysis. The results are as follows.

Part 1: Personal characteristics questionnaire asked about general information e.g., age, gender, income, marital status, education level, health status, and characteristics of disability and violence perception.

Part 2: The awareness assessment of violence against people with disabilities questionnaire consisted of 21 items with a 5-point Rating Scale, adapted from Chiangkhong A<sup>16</sup> and Srivilai V<sup>17</sup> CVI; 0.98, Reliability; 0.930.

Part 3: Interpersonal relationship assessment questionnaire consisted of 4 items<sup>14</sup> with a 5-point Rating Scale, adapted from Srivilai V<sup>17</sup> CVI; 1.00, Reliability; 0.810.

Part 4: Assessment of physical environment in community questionnaire consisted of 2 items with a 4-point Rating Scale, adapted from Chiangkhong A<sup>16</sup>. CVI; 0.89, Reliability; 0.718.

Part 5: Assessment on violence-related social values questionnaire consisted of 2 items with a 4-point Rating Scale, adapted from Chiangkhong A<sup>16</sup>. CVI; 1.00, Reliability; 0.709.

Part 6: Assessment on violence experiences questionnaire consisted of 41 items with a 5-point Rating Scale, adapted from Chiangkhong A<sup>16</sup> and Srivilai V<sup>17</sup>. CVI; 0.99, Reliability; 0.947.

Part 7: Assessment of health consequences questionnaire consisted of 11 items, 5 items asked about physical consequences, 3 items about sexual consequences, and 3 items asked about psychosocial consequences, adapted from the collaboration of Ministry of Public Health, Department of Mental Health, and Social Assistance Center<sup>18</sup>. CVI; 1.00, Reliability; 1.00.

### *Data Analysis*

SPSS version 17 was used to analyze descriptive statistics for general characteristics and logistic Regression to identify the factors influencing the violence against people with disabilities after test assumption of its normality and multicollinearity ( $r > .85$ )

## Results

Table 1. Most participants were aged between 20–59 years old (80.1%), male (53.7%), earn an income <1,000 Baht/month (50.7%), married (42.3%), education level lower or equivalent to primary education (62.7%), no illness (50.7%), disability with mobility (84.1%), perception of violence at moderate level (72.1%), relationships within family at moderate level (46.8%), number of family members <3 (62.2%), residential status live with other people (55.2%), live in community with moderate (53.2%), perceived violence-related social values at low level (52.2%)

**Table 1** The general characteristics of the sample

Independent Variables	Frequency (n)	Percentage (%)
<b>Factors of personal characteristics</b>		
<b>Age (years)</b>		
20–59 years old	161	80.1
≥60 years	40	19.9
Min = 20, Max = 74, Mean = 48.84, SD = 11.4		

Independent Variables	Frequency (n)	Percentage (%)
<b>Gender</b>		
Male	108	53.7
Female	93	46.3
<b>Income (Baht/month)</b>		
≤1,000	102	50.7
>1,000	99	49.3
Min = 800, Max = 60,000, Mean = 4431.8, Median = 1000		
<b>Marital status</b>		
Single	73	36.3
Married	85	42.3
Divorce / Permanent separation	26	12.9
Widow	17	8.5
<b>Education level</b>		
Lower or equivalent to primary education	126	62.7
Higher than primary level	75	37.3
<b>Health Problems</b>		
No illness	102	50.7
With illness	99	49.3
<b>Characteristics of disability</b>		
Mobility disability	169	84.1
Physical disability	32	15.9
<b>Perceived violence overall</b>		
Low level (21.00 – 49.00)	4	2.0
Moderate level (50.00 – 77.00)	145	72.1
Hight level (78.00 – 105.00)	52	25.9
Mean = 70.51, SD = 12.51		
<b>Interpersonal relationships</b>		
<b>Relationships within family</b>		
Low level (5.00 – 11.67)	88	43.8

Independent Variables	Frequency (n)	Percentage (%)
Moderate level (11.68– 18.34)	94	46.8
Hight level (18.35 – 25.00)	19	9.5
Mean = 12.54, SD = 4.110		
<b>Number of Family Members</b>		
≤3	125	62.2
≥ 4	76	37.8
<b>Residential characteristics</b>		
Live with family	90	44.8
Live with other	111	55.2
<b>Community factors</b>		
<b>Physical environment in community</b>		
Low risk (2.00 – 4.00)	80	39.8
Moderate risk (4.01 – 6.00)	107	53.2
Hight risk (6.01 – 8.00)	14	7.0
Mean = 4.64, SD = 1.289		
<b>Social factors</b>		
<b>Social values of violence</b>		
Low level (2.00 – 4.00)	105	52.2
Moderate level (4.01 – 6.00)	78	38.8
Hight level (6.01 – 8.00)	18	9.0
Mean = 4.58, SD = 1.481		

Table 2 The result showed most participants experienced all forms of violence 98%, physical violence 77.1%, psychological violence 96.5%, sexual violence 36.3%, violence from being neglected 75.6%, respectively.

**Table 2** Forms of violence among people with disabilities

Forms of Violence	Yes		No	
	Frequency	(%)	Frequency	(%)
Overall Violence	197	98.0	4	2.0
Physical Violence	155	77.1	46	22.9
Psychological Violence	194	96.5	7	3.5
Sexual Violence	73	36.3	128	63.7
Violence from being neglected	152	75.6	49	24.4

### Logistic Regression results

#### 1. Factors influencing all forms of violence against people with disabilities.

Table 3. The result revealed that a person with low/moderate level of family relationships was 33.937 times more likely to experience overall violence than those with high level of family relationship (95% CI=3.335-345.401). And it was found to be the only variable statistically significant that influenced all forms of violence with a p-value of 0.05 and predicted all forms of violence at 28.1%

**Table 3** Factor influencing all forms of violence against people with disabilities.

Independent Variable	B	S. E	Sig.	OR	95% CI for OR	
					Lower	Upper
Overall Violence						
Relationships within Family						
(ref : high)						
low – moderate	3.525	1.184	.003*	33.937	3.335	345.401
Constant = 1.674, Pseudo R <sup>2</sup> = 0.281						

a. Dependent Variable: Overall violence

#### 2. Factor influencing each form of violence against people with disabilities.

Table 4. The result found 3 variables influenced physical violence against people with disabilities. The 3 variables were age 20-59 years old, disability with illness, and low/moderate level relationships within the family. The result revealed that a person aged 20-59 years old was



2.171 time more likely to experience physical violence than those age equal to or more than 60 years old (95% CI= 1.019–4.624). A person with illness was 0.483 less likely to experience physical violence than those without illness (95% CI= 0.245–0.950). And a person with low/moderate level of family relationships was 2.756 time more likely to experience physical violence than those with high level of family relationship (95% CI=1.036–7.331). The 3 variables can co-predict physical violence against people with disabilities 36.7%. However, the result found only one variable influenced psychological violence against people with disabilities which was the low/moderate level of relationships within the family. A person with low/moderate level of family relationships was 10.350 time more likely to experience psychological violence than those with high level of family relationship (95% CI=1.865–57.425) and can predict psychological violence against people with disabilities 33.8%. Nevertheless, the result showed that there were 5 variables that influenced sexual violence against people with disabilities. They were female, low-moderate level of perceived violence, low-moderate level relationships within the family, number of family members <3, and high level of violence-related social values. The result reveals that female was 3.849 time more likely to experience sexual violence than male (95% CI=1.922–7.709). A person with low/moderate level of perceived violence was 3.098 time more likely to experience sexual violence than those with high level of perceived violence (95% CI= 1.472–6.523). A person with low/moderate level of family relationships was 25.558 time more likely to experience overall violence than those with high level of family relationship (95% CI=3.002–217.615). A person lives with family member <3 was 2.561 time more likely to experience sexual violence than those live with family member equal to or more than 4 (95% CI=1.256–5.216). And a person with high level of violence-related social values was 2.014 time more likely to experience sexual violence than those with low level of violence-related social values (95% CI=1.039–3.905). All together can co-predict sexual violence against people with disabilities 30.2%. Besides, the result found 2 variables influenced violence from being neglected against people with disabilities. They were an income <1,000 baht/month, low-moderate family relationships. A person with income <1,000 baht/month was 2.097 time more likely to experience violence from neglected than those with income higher than 1,000 baht/month (95% CI=1.050–4.188). A person with low/moderate level of family relationships was 6.629 time more likely to experience violence from being neglected than those with high level of family relationship (95% CI=2.401–18.304). All can co-predict violence from being neglected against people with disabilities 13.0%.

**Table 4** Factors influencing types of violence against people with disabilities.

Independent Variable	B	S. E	Sig.	OR	95% CI for OR	
					Lower	Upper
1. Physical Violence						
Age						
(ref : ≥60 years old)						
20 -59 years old	.775	.386	.045*	2.171	1.019	4.624
Income (Baht/month)						
(ref : ≥1,000)						
<1,000	.610	.342	.075	1.840	.941	3.601
Illness						
(ref :No)						
Yes	-.728	.345	.035*	.483	.245	.950
Relationships within family						
(ref : High level)						
Low - Moderate Level	1.014	.499	.042*	2.756	1.036	7.331
Constant = 1.404, Pseudo R <sup>2</sup> = 0.367						
2. Psychological Violence						
Income						
(ref : >1,000)						
<1,000	1.404	1.143	.219	4.070	.433	38.210
Illness						
(ref :No)						
Yes	-1.454	1.143	.203	.234	.025	2.194
Relationships within family						
(ref : High level)						
Low-Moderate level	2.337	.874	.008*	10.350	1.865	57.425
Violence-related social values						
(ref : Low level)						
Moderate– High level	1.540	1.139	.177	4.663	.500	43.478
Constant = 1.677 Pseudo R <sup>2</sup> = 0.338						

Independent Variable	B	S. E	Sig.	OR	95% CI for OR	
					Lower	Upper
3. Sexual Violence						
Gender						
(ref : Male)						
Female	1.348	.354	<.001*	3.849	1.922	7.709
Income						
(ref : >1,000)						
<1,000	.561	.337	.096	1.753	.905	3.395
Perceived violence						
(ref : High level)						
Low-Moderate level	1.131	.380	.003*	3.098	1.472	6.523
Relationships within family						
(ref : High level)						
Low-Moderate level	3.241	1.093	.003*	25.558	3.002	217.615
Number of family members						
(ref : ≥4 )						
<3	.941	.363	.010*	2.561	1.258	5.216
Violence-related social values						
(ref : Low- Moderate level)						
High level	.700	.338	.038*	2.014	1.039	3.905
Constant = -5.163, Pseudo R <sup>2</sup> = 0.302						
4. Violence from being neglected						
Income (Baht/month)						
(ref : >1,000)						
<1,000	.740	.353	.036*	2.097	1.050	4.188
Characteristics of Disability						
(ref : Physical disability)						
Mobility disability	-.597	.519	.250	.551	.199	1.522
Relationships within family						
(ref : High level)						
Low-Moderate level	1.891*	.518	<.001	6.629	2.401	18.304
Constant = - 0.867, Pseudo R <sup>2</sup> = 0.13						

b. Dependent Variable: Type of Violence

## Discussion

Of a total of 201 people with disabilities, 98% experienced all forms of violence. It was consistent with a study of Krnjacki et al.<sup>3</sup> who found that in Australia people with disabilities were subjected to overall violence as 92 percent. However, the study by Khalifeh et al.<sup>4</sup> found comparatively fewer people with disabilities subjected to overall violence at 42 percent in England. Anyhow, the prevalence rate of violence against people with disabilities may rely on the perception of violence amongst people with disabilities who are prone to perceive that their life depends on other people for survive, therefore, they are more likely to be sensitive to reactions from surrounding people. Moreover, their disability as vulnerability would be easily subjected to all forms of violence as their incapability of self-defending.

For each type of violence, the study found that the people with disabilities experienced psychological violence the most, followed by physical, neglected, and sexual violence (96.5%, 77.1%, 75.6%, and 36.3% respectively). It was similar to the study of Smith<sup>19</sup> who found that people with disabilities in England experienced psychological violence more than physical violence (96.5% and 48.24%). This was probably because psychological violence was very subjective depending on the perception and threshold of the victim. It is easy to commit without penalty from words but remains negative consequences for the victim. Whereas physical violence may be subjected to the law punishment which could cause less prevalent. For neglect or abandonment violence, the social welfare poor system from the government may cause high prevalence of violence from neglected amongst people with disabilities. However, for sexual violence against people with disabilities, the study was consistent with Khalifeh et al.<sup>4</sup> which found that sexual violence against people with disabilities was comparatively lower prevalent (15%) amongst people with disabilities than other forms violence yet could leave both severe psychological and physical violence to the victim.

There was only one variable in the study that influenced all forms of violence against people with disabilities. That was at a low/moderate level of relationships within the family. It was found that people with mobility or physical disabilities who had low/moderate level relationships within the family were likely to be treated with violence at 34 times higher than those who had a high relationship with their family. Besides, low/moderate level relationships with family can predict all forms of violence against people with disabilities 28.1%. This was in line with Perreault<sup>20</sup>; Khalifeh et al.<sup>4</sup>; Puri et al.<sup>21</sup>; Krnjacki et al.<sup>3</sup>; Bandeira et al.<sup>5</sup> who found that negative

relationships within the family were related to the occurrence of violence against people with disabilities. It was also consistent with a study by Perreault<sup>20</sup> who found that one of the influential factors of violence against people with disabilities was negative family relationships. This might be because of that bad relationship could create conflict family environment and could be resource of stressors, broken family is less likely to cope with stress and conflict among family members then violence may be used as an excuse to be effectively solved the problem. In addition, family problem in Thai context normally be perceived as private issue. Non-family members prone to neglect when they witness family violence that could amplify violence used within family.

However, the results found that there were three variables which were age between 20–59 years old, illness condition, and low/moderate level relationships within the family that influenced physical violence against people with disabilities. The result showed that 20–59 years old people with disabilities had a 2.1 times higher risk of being treated with physical violence than those aged 60 years and over. People with disabilities who had no illness had 0.5 times lower risk of being treated with physical violence when compared with those with illness. It was discovered that people with disabilities who had low/moderate level relationships with family were likely to have a 2.8 times higher risk of being treated with physical violence when compared with those with high relationships with family. All that three variables had the capability to co-predict physical violence against people with disabilities at 36.7%. This was consistent with the study of Smith<sup>19</sup>; Perreault<sup>20</sup>; Mitra et al.<sup>2</sup>; Khalifeh et al.<sup>4</sup> in that people with disabilities in the age group of 20 – 59 years old who were of working age, and therefore had more opportunity to interact with other people, in turn, could be subjected to more violence. However, in this study, people with disabilities with illness were less likely to be exposed to physical violence. It is opposed to the fact that illness normally makes more appearance of disabilities and weakness, along with clear signs of illness symptoms therefore it could be more subjected to physical violence during a conflicting situation. However, people with disabilities who had low – moderate level relationships within family were likely to be treated with physical violence at a higher risk. This was in line with Perreault;<sup>20</sup> Khalifeh, et al;<sup>4</sup> Puri et al;<sup>21</sup> Krnjacki, et al;<sup>3</sup> Bandeira et al.<sup>5</sup> which found that most of the violence against people with disabilities more prevalent amongst those with problematic relationships with family. Perreault;<sup>20</sup> Elklit et al.<sup>6</sup> also found that people with disabilities were most likely to experience violence in their family setting.

For factors influencing psychological violence against people with disabilities, the result showed that only low/moderate level relationships within the family found statistical significance with a  $p$ -value of 0.05. It was likely to have 10 times higher risk of being treated with psychological violence than those with good family relationship level. It can predict psychological violence against people with disabilities 33.8 %. This was in line with Perreault<sup>20</sup>; Khalifeh et al.<sup>4</sup> Puri, et al.<sup>21</sup>; Krnjacki et al.<sup>3</sup> Bandeira et al.<sup>5</sup> who found that most of the violence against people with disabilities is more likely to happen among those with bad family relationships. As a result of their physical disability itself that differs than that of normal physical then some certain words might hurt and be more sensitive than usual. In this study, psychological violence to disability included being looked down, being threatened, and being sarcastic which could interpret more painful by a person with disability.

The result showed there were five variables which were female, low/moderate relationships within the family, a smaller number of family members (3 or less), and high violence-related social values influenced sexual violence against people with disabilities with statistical significance of a  $p$ -value of 0.05 and can predict sexual violence against people with disabilities 30.2 percent. Moreover, it was found that female disabilities had a 3.9 times higher risk of being exposed to sexual violence than male disabilities. This was in line with Smith<sup>19</sup> who found that female with disabilities were the most vulnerable group exposed to sexual violence. Furthermore, it was found that people with disabilities who had violence perception at a low/moderate level had a 3.1 times higher risk of being treated with sexual violence compared to those with a high perception of violence. This was in line with Perreault<sup>20</sup> who found that a low perception of violence can lead to more violence from those unaware of the risky situation. In addition, it was found that people with disabilities who had relationships within the family at a low/moderate level were likely to have a 25.6 times higher risk of being treated with sexual violence. Poor relationships with family might lead to less social support and less protective factors to stay safe. The result also found that people with disabilities living with 3 or fewer family members were likely to have a 2.6 times higher risk of being treated with sexual violence. This was in line with Puri et al.<sup>21</sup>, who found that the number of family members was related to violence. Extended family in the Thai context might be a protective factor to make people with disabilities safer as members of the family may keep an eye on people with disabilities. Moreover, it was found that people with disabilities who lived in the moderated/high violence-related social values had 2 times higher risk of being treated with sexual violence, compared to

those who lived in a society of violence-related social values at a low level. It means that living in acceptance of violence would support the high prevalence of sexual violence as it seems justice for social context. This was in line with Puri et al;<sup>21</sup> Amir-Ud-Din et al;<sup>8</sup> Fernandez-Gonzalez et al.<sup>9</sup> who found that living in a society of violence-related social values was a factor related to violence.

For violence from being neglected, the result found two variables influenced violence from being neglected against people with disabilities composed of income lesser than or equal to 1,000 and low/moderate level relationships within the family, with statistical significance at a p-value of 0.05 and can predict violence from being neglected against people with disabilities 13.4%. It was found that people with disabilities who earned 1,000 Baht a month or less had a 2.1 times higher risk of being neglected when compared to those who earned 1,000 Baht a month or more. This was consistent with Smith<sup>19</sup>, Perreault<sup>20</sup>; Mitra et al<sup>2</sup> who found that low family income was related to violence, especially with unemployed people with disabilities who are most vulnerable to violence from being neglected. It could be explained that income normally comes with social status and the feeling of self-reliance together with self-confidence. On the contrary, those with less income are more likely to perceive social isolation and social neglect or abandonment from society besides the status of disabilities themselves. That could cause the perception of being neglected. In addition, it was found that people with disabilities who had low/moderate level family relationships had a 6.6 times higher risk of being neglected, compared to those who had family relationships at a high level. This was in line with Perreault<sup>20</sup>; Khalifeh, et al.<sup>4</sup>; Puri, et al.<sup>21</sup>; Krnjacki, et al;<sup>3</sup> Bandeira et al.<sup>5</sup> in that poor family relationships related to all forms of violence. It could be explained that relationships themselves could cause the feeling of being neglected or abandoned in case of a poor relationship, good relationship on the other hand could secure the feeling of being loved, cared for, and secure.

## Conclusion

The results revealed that factors influencing violence against people with disabilities complied with Ecological model for understanding interpersonal violence from the World Health Organization which composed of individual level which were younger age, female, lower income, illness and fewer family members. Interrelationship level which was poor relationships within the family. And social level which was social acceptance to violence. The result of this study could be beneficial in developing awareness and prevention programs to prevent human rights

violations against people with disabilities in the Thai context by specifically concern disability at risk in younger age, in female, in low income, in disability living with illness and with few family member. Promote family relationships and intervene the social acceptance to violence.

### Ethical Approval Statement

This study was approved by the Ethical Review Committee for Human Research, Faculty of Public Health, Mahidol University, Thailand No: MUPH 2018-035

### Author Contributions

NA designed the research method, conclusion, discussion, and article writing. SS, NA and SL reviewed literature and related research, NA, SS and DJ collected data and analyzed the results. All authors have read and approved the manuscript prior to submission for publication.

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### Conflicts of Interest

The authors have no conflicts of interest to declare.

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