

Abuse of mentally handicapped adults

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In spite of all the publicity in recent years about child abuse, very little mention has been made of another group of people who are also very vulnerable to abuse, namely adults with a mental handicap. Although chronologically adults, and therefore not susceptible to the laws designed to protect children, they may be functioning intellectually and emotionally at a much lower level. Because they are often dependent on other people for many aspects of their care, this makes them vulnerable to physical and sexual abuse and neglect. Difficulties with speech and communication may render them unable to inform anyone of their plight or ask for help, therefore many problems remain hidden. Personal involvement in one such case made me aware of this problem and the current lack of legal protection for this group of people. I therefore undertook a national survey in order to gain more information on the prevalence of abuse, factors associated with it, and possible legal solutions.

A representative sample of consultants in the Psychiatry of Mental Handicap throughout the British Isles was obtained by contacting those who served the Royal College of Psychiatrists as members of the Executive Committee of the Mental Handicap Section, members of the Mental Handicap Psychiatry Specialist Advisory Sub-Committee and regional representatives. They were asked to complete and return a questionnaire on their experience of abuse in patients referred to them, in particular whether they were aware of specific cases and what their incidence was in relation to their total number of patients. They were also asked to state the most common setting for abuse or neglect and whether their cases could have been resolved by the use of guardianship (Mental Health Act 1983 [England and Wales]). Out of 38 questionnaires circulated, 24 (63%) were returned completed. Many respondents stated that they had consulted their colleagues in the multidisciplinary team before replying, and two questionnaires were actually completed by the Community Mental Handicap Team. In addition, some consultants had circulated it to colleagues in their area, and another ten unsolicited questionnaires were received as a result of this and of a letter published by me in the *British Medical Journal* (Cooke, 1989), bringing the total to 34.

Out of 34 respondents, 27 stated that they had definite knowledge of abuse perpetrated on patients who had been referred to them. Estimates of prevalence ranged from 0.2% to 20%, and many respondents found it difficult to give an accurate figure, but the average prevalence was calculated at 4–5% of patients. However, most consultants felt that there was likely to be a much higher hidden prevalence. The definition of prevalence in this instance was the total number of patients (male and female) known to have suffered physical or sexual abuse or neglect at any time, given as a percentage of all the mentally handicapped patients known to the psychiatrist. The most common setting for abuse was the family home, which was cited in 20 replies, although cases had also been reported in staffed group homes, private hostels, social services hostels and large hospitals. Sexual abuse was described more often than physical abuse or neglect, and had been perpetrated by a close relative of the handicapped person in the majority of cases. The most often cited type of case was that of incest between a female with mental handicap and her father. This correlates with the findings of a recent study at Stoke Park Hospital on incest and mental handicap (Jancar & Johnston, 1990). Many correspondents felt that if they had been able to use Section 7 (Guardianship) of the 1983 Mental Health Act it would have helped resolve the problem. Consultants from Scotland and Northern Ireland pointed out that it can still be used under their legislation (Mental Health (Scotland) Act 1984; Mental Health (Northern Ireland) Order 1986).

With the current emphasis on care in the community, most mentally handicapped people will be cared for at home for a large part of their lives. While the majority of families with a mentally handicapped member do a tremendous job, often in very trying circumstances, we cannot ignore the fact that a significant amount of abuse is occurring. Abuse often occurs when a family is under stress. It is therefore important that adequate skilled supervision and help is available, in the form of community nurse input, out-patient psychiatric supervision, and good facilities for day care and regular respite care.

It is also necessary for appropriate legal safeguards to be available, so that when abuse does occur, the professionals involved have the powers to act to

protect the person with a mental handicap from harm and to prosecute the offenders when appropriate. The current difficulties with using Section 7 (Guardianship) of the 1983 Mental Health Act have arisen because of the wording of that Section, which includes in mental disorder mental impairment, but not mental handicap. The definition of mental impairment is given as "a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct". The majority of people with a mental handicap do not display abnormally aggressive conduct and are therefore excluded from the Act on those criteria. The term "seriously irresponsible" is not defined and has given rise to a lot of debate on what constitutes seriously irresponsible conduct. Most psychiatrists would consider it to mean behaviour that is antisocial in some way and causing harm to other people, but it could be considered to describe the difficulties of mentally handicapped people in guarding themselves against danger or exploitation. In the latter case, then, Section 7 could be used for those people who need protection. This point needs to be clarified. Both Scotland and Northern Ireland have retained the term "mental handicap" in their legislation, which has enabled them to continue using guardianship. Other sections of the 1983 Mental Health Act which can be used by approved social workers when abuse is suspected are Section 115 and Section 135. However, these have both proved unsatisfactory due to their strict criteria and limitations. The difficulty in obtaining individual

prosecutions was mentioned by several respondents to the survey. If the person on whom the offence was committed is unable to give evidence due to poor verbal or communicative skills, then the case may not even be brought to court if there is no corroborating evidence. It is therefore important to obtain as much scientific and photographic evidence as possible. It may be easier to prove sexual abuse in the future with the use of DNA 'fingerprinting' of semen or body fluids.

An amendment to the 1983 Mental Health Act to enable guardianship to be used once more for the protection of adults with a mental handicap would, in my opinion, be a major advance in tackling this problem. Whether this occurs or not, it is essential that all professionals working in this field are aware of the problem and that districts have locally agreed strategies for dealing with abuse when it occurs.

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Suicide and life insurance

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In the study of suicide little attention has been paid to the role of life insurance. One might suppose that 'deliberately accelerating the event insured against' by homicide or suicide would void a policy. One might also predict that changes in attitude towards suicide, so that it is increasingly regarded as a

medico-social problem rather than a criminal act, would be reflected in a softening of attitude among insurers. On the other hand, recent epidemiological changes, such as the increased suicide rate among young males, could make companies reluctant to relax their policy conditions.