young children in Scotland, suggesting disadvantaged SEC are associated with higher prescription use. Inequalities in ADHD prescriptions across childhood may not be fully captured since prevalence increases with age (and our data only follow children up to the maximum age of 8). Prescription data may underestimate prevalence of ADHD as not all children with ADHD symptoms will be diagnosed and/or prescribed (and this may vary by SEC). Future analyses will explore this using data from child health checks.

Some of these associations were moderated by poverty status, with the increased odds of exposure to violence among people with disabilities being greater for people living in poverty.

**Conclusion** These results show there are important variations in the experience of violence for people with disability depending on their impairment type, gender and socioeconomic status. There is a clear need to develop interventions that are targeted to the particular circumstances and needs of these high-risk groups.

**Background** Recent international meta-analyses show that children and adults with disabilities are more likely to experience interpersonal violence than those without disabilities. People with disabilities are a heterogeneous group, and further work is required to determine the variations in the experience of violence by impairment type. It is also important to assess the potential effect modification by poverty status.

**Methods** We analysed the 2015 Australian Bureau of Statistics Survey on Personal Safety of more than 21,000 adults. We used population-weighted, age-adjusted, logistic regression to estimate the odds of violence in the last 12 months by impairment type and gender. We stratified by five forms of violence (physical, sexual and intimate partner, emotional abuse and stalking/harassment) and for specific impairment types (physical, intellectual, psychological and sensory). We also investigated potential effect modification by poverty status.

**Results** Results for men showed that those with sensory and physical impairments fared the best, with a two-fold increase in odds across all five forms of violence. Women with intellectual and psychological impairments fared worse for all forms of violence. There was a three-fold increase in the odds for emotional abuse and stalking/harassment. There was an even greater increase in the odds for physical, sexual and partner violence. Women with intellectual impairments had between a five and seven-fold increase. All results were statistically significant at p=0.05.

**Results** for men showed much less variation by impairment type. There was a statistically significant two-fold increase in odds of physical violence for those with sensory, intellectual and psychological impairments. There were no significant differences between men with impairments compared to men without disabilities for sexual violence, partner violence and emotional abuse. There was evidence that stalking/harassment was worse for men with psychological impairments.

**Conclusion** Residential area deprivation predicts future hospitalisations - time spent in hospital and number of admissions - independently of individual social class and education level and other behavioural factors. There are significant interactions such that residential area deprivation has greater impact in those with low education level or manual social class.