

Full Research Report

Applied Research Project:

An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa.

November 2016

A Chairwoman of a Disabled Persons' Organisation in rural Kenya says:

'I think it is mostly due to the negative attitude attached to people with disability. Most people do not respect us as people who deserve to be treated with dignity, when something happens to a disabled person, it is not taken as seriously compared to when something happens to a non-disabled person. This is not only by the community, even the police, the hospitals, the schools, the churches, parents, everybody, what do you say when a parent takes Kshs 200 [\$2] and agrees to close their eyes when their daughter has been raped?'

We are very far from getting equal rights like everybody else. The other reason is poverty; families with a disabled person are usually poor and cannot afford the process of following up with the police who are usually uncooperative, they give up and say God will help. So people know that nobody is likely to take action and that is why it continues to happen....'.



Advantage Africa is a UK-based international development organisation. It was founded as a registered charity in 2002 on the values of justice, equality and opportunity for Africa's poorest and most excluded people. In addition to research and advocacy, Advantage Africa works directly with partners in East Africa to provide practical support to people affected by poverty, disability and HIV to improve their education, health and incomes.

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Note on language - the terms 'persons with disabilities' and 'person with a disability' have been used throughout this report. The only exceptions to this usage are where direct quotes have been used from research interviewees and workshop participants. The terms 'survivor' and 'victim' have also been used throughout the report. We appreciate that opinions vary concerning the most appropriate and clear use of language.

Note on locations – the research was carried out in Kenya and Uganda, and the research findings and recommendations are broadly relevant to both countries. Where differences between countries are significant it has been stated.

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1. Abstract

The aim of the research was to investigate the social, cultural and institutional factors which contribute to the high incidence of sexual abuse of persons with disabilities in East Africa and to identify interventions which could change detrimental attitudes, beliefs and practices which perpetuate this high incidence. The research is framed within the United Nations Convention on the Rights of Persons with Disability (UNCRPD), particularly articles 12, 13 and 16.

The study used a qualitative participatory action research approach and worked with local partner organisations and Ugandan and Kenyan field level researchers to collect data. Survivors of sexual abuse were not interviewed but instead the research investigated the understandings, beliefs and practices of a range of service providers and key responders who are involved in the prevention of and response to sexual abuse against persons with disabilities in their communities. Groups consulted included police, teachers, health-care workers, government administrators, faith and community organisations and traditional leaders, as well as persons with disabilities and their parents. Participatory workshops were run with a reference group of persons with disabilities (with a range of impairments and experiences) and relevant specialists at the initial stage and during the participatory analysis process. After initial orientation and training the field researchers undertook a total of 52 individual interviews and 9 focus group discussions with a range of stakeholders.

The overall findings show that social attitudes and understanding of disability and sexuality in general are strong influencing factors on the risks that persons with disability face in relation to sexual abuse. Participants reported a range of harmful attitudes and beliefs about disability and about the needs and rights of persons with disabilities. It is very common for cases of abuse to go unreported and to be dealt with at the family or community level, rather than being viewed as a serious criminal matter which should be taken to formal authorities. Many barriers exist, especially at community level, which mean abuse does not get reported. Lack of awareness and knowledge, stigma and exclusion and poverty were key drivers of continuing abuse and survivors of abuse seldom receiving proper support. Guidelines, training and clear procedures for good practice amongst the service providers were generally weak or absent. Key recommendations were generated for both community level interventions and in relation to policy and training at regional and national levels. The practical implementation of several recommendations was undertaken.

2. Literature Review and Synthesis Paper

Initial pre-project literature review

As part of an appraisal of the proposed research idea, an initial pre-project literature review was undertaken to identify relevant research that had already been carried out in the topic area. This established that there was a paucity of research, with only a small number of fully relevant key studies in existence, namely 'Breaking the Silence', The African Child Policy Forum (2010) and 'Out From The Shadows', Save the Children and Handicap International (2011).

The new research drew upon these existing studies but was designed to be distinctive from them. Previous research tended to be centred around the experiences of survivors of abuse, whereas this research focuses upon the contextual factors which contribute to an environment where sexual abuse of persons with disabilities seems to be commonplace and perpetuated. It studies the external factors that often allow perpetrators to commit abuse and escape justice. The research is framed within the social model of disability and pre-supposes that the prevalence of sexual abuse is social, cultural and institutional in nature rather than a problem caused by people's impairments.

The comprehensive descriptive literature review

The first objective of the research project was to undertake a comprehensive review of literature relevant to the sexual abuse of persons with disabilities in East Africa. The two key outputs that resulted from this work were:

i) *A Descriptive Literature Review*

This document identifies 39 references to relevant research and provides a descriptive summary about each reference correlated in a table format. The fifteen research papers most important and relevant to the new project are highlighted.

ii) *A Synthesis of Applied Research Knowledge Based Upon the Descriptive Literature Review*. This 13 page document analysed and summarised the state of the knowledge established by the international research community, as described in the literature.

Both these documents are available from FIRAH or Advantage Africa.

Summary of literature review findings

The synthesis document explains that there are particular social circumstances which seem to increase the vulnerability susceptibility of persons with disabilities in the East Africa region to sexual abuse, and that as victims they may be shown less concern and receive less adequate responses from society than other members of the general population.

The literature shows that the high prevalence of sexual abuse against children and adults with disabilities worldwide is becoming recognised and causing growing and serious concern. The issue is moving up the research, policy and intervention agendas. Really accurate global figures are not yet available but estimates suggest that persons with disabilities are at increased risk of sexual abuse when compared with the general population (Hughes et. al. 2012; Jones et. al. 2012). There is evidence that this is a significant problem in Africa. In a study of four African countries all of the 956 young

persons with disabilities interviewed said they had suffered sexual violence. On average, each had suffered 2.6 types of sexual violence (African Child Policy Forum, 2010). Many victims suffer multiple violations and many perpetrators commit multiple violations (Save the Children & Handicap International, 2011).

The literature shows there are broad social attitudes and weaknesses of practice that may serve to perpetuate the prevalence sexual abuse against persons with disabilities. It is important to bear in mind that there are local differences in beliefs across settings and cultures (Hanass-Hancock, 2009) and there are also some context where services provide persons with disabilities with very good care (Ingstad & Grut, 2007).

Persons with disabilities suffer abuse not only at the hands of strangers but commonly at the hands of familiar people who are normally trusted such as family members, teachers and other carers.

Our synthesis of the literature finds that sexual abuse can have serious and long-term physical, emotional and social consequences for individuals. Persons with disabilities, female and male, children and adults, suffer abuse not only at the hands of strangers but commonly at the hands of familiar people who are normally trusted such as family members, teachers and other carers. In the East Africa region a number of cultural beliefs lower the perceived moral threshold around sexual abuse of persons with disabilities and if victims report having been abused they are often not taken seriously. Professionals in education, health-care, the police and judicial services are often poorly equipped to provide support and welfare facilities tend to be inaccessible for persons with disabilities. Community

sensitisation and inclusion of persons with disabilities in mainstream daily life should help empower them and correct the misconceptions which place them at increased risk of sexual abuse. A number of East African states have committed to ensure measures are put in place to improve a range of statutory services across the key sectors of education, health-care, policing and justice. Uganda and Kenya have both ratified the UNCRPD but the reality for persons with disabilities falls far short of the commitments stated.

3. Methodology

Summary of the research methodology

The research project took place over a two year period. During the first year the research team and research tools were established, and the field data collection took place in three locations, eastern Uganda, western Kenya and eastern Kenya. A total of 52 structured interviews were completed with individuals and 9 focus group discussions were conducted. The interviews and focus group discussions were audio recorded and written out from English or local languages into English transcripts. In year two the data set was analysed, principally using qualitative methods. Analysis followed a thematic methodology and data was coded under appropriate themes.

Two four-day research workshops were held during the project, one a start-up meeting when the research team was first convened, the research tools developed and the researchers trained. The second workshop (mid-project workshop) concentrated on participatory data analysis and validation, but also included work on possible interventions that could be recommended as a result of the analysis. Both workshops also contributed to the data collection in that they included invitees representing their research respondent groups. Their views were captured and have been incorporated into this report as appropriate. An advisory group of six persons with disabilities was centrally involved in the project from the start including attending both of the research workshops. Three of the research core team were people with disabilities.

Convening the research team and advisory group of persons with disabilities

The research team was lead by Rob Aley, Kenya Programme Manager of Advantage Africa. Academic research expertise was provided by Dr. Mary Wickenden, Senior Research Fellow at University College London (UCL) and independent consultant to this project. The literature review was completed by Mary Ann Waddell who is an independent researcher and Occupational Therapist. Jane Betts, Uganda Programme Manager, Advantage Africa helped to coordinate the literature review, contributed to the data analysis and dissemination of the findings. While these researchers were UK-based, Rob Aley and Dr. Mary Wickenden made frequent visits to East Africa during the project and offered distance support to local researchers.

The East Africa based research team comprised five people with strong community development knowledge and extensive experience of working with persons with disabilities. Three were persons with disabilities themselves. These local researchers were responsible for implementing many aspects of the research as detailed later in this report. One of their main tasks was organising and undertaking field data collection in the three project areas, namely:

- Eastern Uganda: Elijah Musenyente (Director of Uganda Society of Hidden Talents and wheelchair user) and his successor Fazira Kawuma (Co-ordinator of Source of The Nile Union for People with Albinism, Vice Chair of Uganda National Council for Disability and Female Councillor for Persons with Disabilities in Jinja District. Fazira is blind).
- Eastern Kenya: David Kariuki (Development Consultant and Physiotherapist) and Agnes Musembi (Coordinator of the Kibwezi Disabled Persons' Organisation. Agnes uses a lower limb prosthesis).
- Western Kenya: Ezekiel Jengo (former Regional Mediator, Liliane Foundation).

Agnes Musembi was responsible for convening the project's advisory group of persons with disabilities with two men and four women representing a range of ages, impairments and social backgrounds. This group has been closely involved in the project activities from the start, including full and active participation in the research start-up workshop and the mid-project workshop. The role of this group was to ensure the central role of persons with disabilities as advisers and contributors to the research planning, implementation, evaluation and dissemination. Their participation has been greatly valued and appreciated by the core research team and they have ensured that the research activities have been exceptionally inclusive.

Research start-up workshop

The research was launched with a 5-day workshop in Kibwezi town, eastern Kenya.

The aims of the workshop were:

- To bring together the research team and confirm that we had a shared understanding of the research project
- To introduce and work with the advisory group of persons with disabilities
- To exchange knowledge and experiences concerning factors which contribute to the sexual abuse of persons with disabilities
- To engage directly with duty bearers, both professional and voluntary, those people who have responsibility for, or are involved in preventing and responding to sexual abuse against persons with disabilities
- To design and test the research tools and ensure consistent application across the three project locations
- To confirm the roles and responsibilities of the research team members, and agree a time schedule for the completion of phase one of the project

The participants for the workshop were:

- The research leader and scientific adviser from the UK
- The four local researchers
- The six members of the advisory group of persons with disabilities
- Two women with disabilities who are survivors of sexual abuse
- Representatives of a range of community, civil society and professional organisations and service providers.
- Selected external key informants including a lawyer, a representative of a national disabled persons' organisation and programme coordinator for Handicap International's Ubuntu Care project

All but three of the participants were East African citizens and the gender split was approximately equal.

The research start-up workshop was held in a relatively isolated location in the small town of Kibwezi where there are very limited services. This location was chosen to reflect the sort of environment and surrounding communities in which many incidents of sexual abuse occur. It also gave us access to the local duty-bearers (village elder, assistant chief, health-care staff, police etc.) who attended the workshop to explain their first-hand experience of the topic and their associated knowledge and practices. These contributed to the research findings as discussed in this report.

The workshop was conducted in an atmosphere of trust and confidentiality to allow participants to speak frankly and honestly about issues which can be sensitive and controversial. Not only did the workshop achieve its purpose with regard to the aims of the project, but it successfully included the voices of persons with disabilities who are often excluded. Members of the advisory group of persons with disabilities said they had been central in contributing to the research design and planning.

An unexpected and important result of the start-up workshop was that it served to establish a network of well-informed stakeholders from the local community and professional services. In essence, an action group was formed, ready to respond much more effectively to future occurrences of abuse in this location (see section 6 - Community multi-sector response group and appendix 4 for photographs of the workshop).

Design of the research tools and researcher training

The following research tools were developed during the start-up workshop:

- Consent / confidentiality form with explanation about the ethical aspects of the research
- Topic guide for structured interviews with individuals (see appendix 1) and list of target participants by role / profession.
- Topic guide for focus group discussions with three groups (See appendix 2) and list of groups. Attitudes-rating questionnaire

The research tools design and training was led by the project's scientific (academic) adviser Dr Mary Wickenden. During the workshop the field researchers reviewed the topic guide questions and used role-play techniques to practice asking them with other participants. Each field researcher was also issued with a sound recorder and guidance on how to complete the recording and transcription of each structured interview. They were also provided with checklists of the data collection process and after the workshop each local researcher translated the tools into the appropriate local language prior to using them in the field. The resulting research tools were consistent across the three project locations.

Field data collection

A total of 52 structured interviews were completed with individuals listed overleaf.

Nine focus group discussions were conducted, three in each research location, namely:

- (a) Women with disabilities
- (b) Men with disabilities
- (c) Parents of children with disabilities.

The average group size was 7.4 individuals.

The data analysis process

A process of initial qualitative thematic analysis was employed to examine and sort the raw research data. All of the field interviews were transcribed into typed English and each one was then coded (by stakeholder type) and read through several times by the research analysis team. During this process the team established themes under which the interview respondents' answers could be categorised and sorted. This exercise was completed for all transcribed interviews as advance preparation for the mid-project workshop.

Table of individual research respondents by location

	Interview Respondent	Eastern Uganda	Western Kenya	Eastern Kenya
Community Level Services	LC1 (Uganda only)	✓		
	LC2 (Uganda only)	✓		
	Village Elder (Kenya only)		✓	✓
	Clan Leader (Uganda only)	✓		
	Assistant Chief (Kenya only)		✓	✓
	District Councillor for Women with Disabilities	✓		
	District Councillor for Men with Disabilities	✓		
	Municipality Councillor for Women with Disabilities	✓		
	District Probation Officer	✓	✓	
	Social Development Officer			✓
	Faith Leader - Muslim	✓		✓
	Faith Leader - AIC Church			✓
	Faith Leader - Bethel Church			✓
	Faith Leader - Anglican Church	✓		
	Faith Leader - Protestant		✓	
	Faith Leader - Catholic		✓	
	DPO Leader	✓	✓	✓
Women's Group Leader		✓		
Professional / Formal Services	LC3 (Uganda only)	✓		
	Teacher - Special Education	✓	✓	✓
	Head Teacher (Mainstream)	✓	✓	✓
	Education Officer – Disability Assessments		✓	
	Health Worker - Doctor (senior Clinician)	✓	✓	✓
	Health Worker - Nurse Public Hospital	✓	✓	
	Health Worker - Dispensary Nurse		✓	✓
	Health Worker – Hospital Junior Staff		✓	
	Health Worker – Community Health Nurse			✓
	Counsellor / Psychologist	✓		
	Police Doctor	✓		
	Police (Senior)	✓		✓
	Police (Junior)	✓	✓	✓
	Lawyer	✓	✓	✓
	Other key informants			✓

See Appendix 3 for a map of the three research locations.

Mid-project workshop – part of the data analysis process

The mid-project workshop took place over four days near Eldoret town in Western Province of Kenya with the goal of progressing the data analysis with the involvement of the whole research team, including the advisory group of persons with disabilities and a selection of other expert participants.

The main aims of the workshop were:

- To reconvene the research team and reflect on the field work process, with a chance to reflect upon their own observations and impressions
- To carry out a more detailed participatory data analysis using the qualitative thematic approach with the whole research team and advisory group of persons with disabilities
- To examine the initial research findings with a view to developing the planned research outputs
- To plan distribution of the research including a dissemination event and publication of the final research results

The participants for the workshop were:

- The research leader and scientific adviser from the UK
- The four local researchers
- The six members of the advisory group of persons with disabilities
- Two local mothers of children with disabilities
- Selected external experts

All but two of the participants were East African citizens with a broadly equal gender split.

During the workshop, participants formed four groups to further analyse the data themes identified in the initial analysis. They sorted data into more detailed sub-themes, revealing the specific and diverse factors which contribute to the overall social, cultural and institutional environment in which sexual abuse of persons with disabilities happens in East Africa. Further analysis exercises were undertaken in two groups to map out the complex interrelationships between factors which affect the prevalence of abuse and actions that are taken in response. A range of visual approaches were used such as mind-mapping and using emoticons on the maps. The workshop participants went on to consider recommendations and interventions which could have a positive impact on the prevailing situation. These are discussed in sections 5 and 6 of this report.

Feedback from participants

By the end of the mid-project workshop there was a very optimistic atmosphere amongst the attendees. They expressed appreciation about how inclusive and comprehensive the process had been and articulated hopes that the research would have a positive, practical impact. Mary Wickenden, the project's scientific (academic) adviser commented that in her experience of this kind of research, the process used was noteworthy for being exceptionally innovative and inclusive, in addition to producing valuable research data.

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4. Findings and Discussion

4.1 Attitudes to disability in general

The opening question that was asked in the individual research interviews and the focus group discussions was a broad question about how persons with disability are generally regarded in the respondents' communities in Uganda and Kenya. This question about attitudes was designed to open the dialogue and to allow for some contextual discussion before embarking on the more sensitive issue of attitudes to sexuality. It is important to note that the findings discussed in this report section (and the following section on sexuality and marriage) are based upon the research respondents' impressions of attitudes in their community as a whole, and not just their own beliefs or points of view. It is interesting to note that the findings were very clear and consistent across the different research respondent groups and also correlate strongly with the literature review findings. It is also clear that the attitudes and beliefs about disability in general, which are detailed in this section, are inextricably linked to the other factors associated with the sexual abuse of persons with disabilities, which are discussed throughout this report.

The research data shows that over 90% of individual interviewees and 100% of focus group participants believed that attitudes and beliefs about disability within their communities were overwhelmingly negative. The findings show that attitudes are still strongly influenced by harmful traditional beliefs and misconceptions about the causes and nature of disability and about what roles and rights persons with disabilities can have in society. In many cases persons with disabilities are denied their rights and are subject to acute exclusion and rights violations. Families are also subject to discrimination and extreme stigma. Parents and relatives can be caring advocates for the welfare of their children with disabilities, but equally some parents deny their children equal rights and neglect or abuse them. It is clear that although both Kenya and Uganda ratified the UNCRPD in 2008, real life does not match the commitments stated in the convention. However, there is also some evidence from the research data to show that attitudes are changing for the better. Research respondents, especially those in professional positions, often stated that attitudes amongst their colleagues are improving and more progressive ideas about disability are beginning to be accepted, especially amongst educated and economically mobile groups. However they often qualified this observation by stating that it will still take a long time for 'the community' to change their negative attitudes.

Beliefs about the causes of disability

The majority of research respondents stated that in their community people strongly believe that disability is caused by some kind of curse placed on the family. This is usually expressed as a punishment for the transgressions of former generations in the family. Many interviewees said their community believes that the families are bewitched because of sins that their forefathers had committed.

'People believe that parents of the disabled did some evil. They committed a certain sin that has manifested itself in the disabled child'. (Dispensary Nurse – female)

Some research respondents referred to beliefs that disability can result from relatives of the previous generation dying without the customary sacrificial offerings being made. Others made reference to people becoming disabled because they had caused accidents and not being properly cleansed. There were some interviewees who cited beliefs

that persons with disabilities (such as persons with albinism) are somehow ghost like or not wholly human. This explains why treating persons with disabilities in inhumane ways can go uncontested in communities.

'Some believe disabled people are not human, but remain human [in the form of spirits or ghosts]'. (Anglican Church Priest – male)

Research respondents made the point that the responsibility for the birth of a child with a disability is usually placed upon the mother's side of the family, as a consequence of wrongdoing amongst her forefathers. The husband's side of the family is seldom blamed and this can cause resentment and arguments between the two extended families, and may result in the husband deserting the family or a divorce.

'They connect the disability with the woman's family, where she was born. A father of a disabled person is excluded from the blame'. (Disabled Persons' Organisation Leader – female)

Rumours about failed abortions and the use of contraceptives as a cause of disabilities are also used as reasons to blame the mother for giving birth to a child with a disability.

These deeply held beliefs have a series of damaging consequences for persons with disabilities and their families, especially the mothers. Most damaging is the all pervasive interpretation that disability is strongly associated with punishment for previous immorality and strong social disapproval. This creates stigma and shame against the whole family and often results in isolation, division and prejudice. Families look for ways of solving their problems, they become susceptible to witch doctors and stories of so called 'miracle cures', but when these fail they experience further dejection.

Most damaging is the all pervasive interpretation that disability is strongly associated with punishment for previous immorality and strong social disapproval. This creates stigma and shame against the whole family and often results in isolation, division and prejudice.

Attitudes towards persons with disabilities

When asked about attitudes 'around here' concerning disability, an overwhelming majority of interviewees stated that persons with disabilities are seen locally as a problem and a burden. They are viewed as people who cannot contribute to daily household activities and are not employable. They are therefore assumed to be a burden on the family.

'When people see them [persons with disabilities] crawling, they see them as different and they wonder whether they can do something for themselves'. (Village Elder – male)

The following are examples of the kind of comments which occurred repeatedly in the interview transcripts to describe how persons with disabilities are regarded:

'Discriminated against'

'Not given rights'

'Outcasts'

'A burden'

'Rejected'

'Not respected'
'Not at all regarded as equal'
'Others mock them'
'Disability it is a taboo'
'Disability is shameful for a family'
'Disabled people are seen as people who are useless'

Members of focus groups of men with disabilities stated:

'They despise me'
'At times we are hated'
'We are ridiculed; people may tend to imitate the way you walk and talk'
'If you [are a disabled person and] just sit there and do nothing, you're regarded as a dog'

'The community usually pretends to say that we are equal members of the community. But according to actions, disabled people are not regarded as equal members of the community. In some cases they might even laugh at you.'

In addition to the wholly negative attitudes expressed above, there were also research respondents that felt their communities have a protective and paternal response to persons with disabilities. They said they are seen as *'requiring mercy and sympathy'* and are subjects of *'charity and pity'* who may be *'beggars who should be helped'*. Although these are perhaps more caring sentiments, they are also disempowering and condescending of persons with disabilities and are totally inconsistent with a rights-based approach.

'According to actions, disabled people are not regarded as equal members of the community.'

The bleak observations detailed above were to some degree tempered by statements from interviewees which explained that attitudes and understanding are slowly improving within their communities. Certain groups within communities were seen to be more progressive and to be leading the attitudinal changes. Teachers, and particularly special education teachers, were viewed as foremost in influencing attitudes for the better amongst parents. The more affluent social classes were also thought to be more likely to support their children with disabilities properly and to promote their education and social inclusion, rather than hiding them away or believing in harmful traditional practices. They have the advantage of having the resources available to pay for support and possibly for special education and private services. They are thus not influenced by poverty as many others are.

'Generally this community has improved its understanding of disabled people, but they still lack know how and consider disability in a negative way'.
 (Municipality Councillor for Disabled Women – female)

'Some of the children who have been exposed [socially] are slowly being accepted by their peers and you can see them playing together, but they are very few.'
 (Senior Police Officer – male)

'In my school parents are positive about the disabled'.
 (Head teacher of Public Primary school – male)

'In some places disabled are considered equal for educated parents but non-educated parents are ignorant about disability.' (Psychologist Counsellor – male)

Attitudes to education and social inclusion

Many interviewees responded to questions about the communities' attitudes to persons with disabilities by observing that children with disabilities are frequently excluded from standard child development opportunities and are often denied education and social inclusion generally. It was stated that some families will discriminate against their own child with a disability in favour of the other siblings. The siblings will be better fed, better clothed and given priority to attend school. In some cases the child with a disability will be deprived of toys to play with and excluded from receiving gifts and treats.

'Even parents discriminate against their children. A disabled child may not get equal rights in education, shelter and even food and clothing. They will usually eat after the other children and dress in the older dresses of the non-disabled children.'
(Disabled Persons' Organisation, Chair-lady - female)

'When a disabled child holds something, others snatch it and frown to show that she is different - unable to handle.' (Parent of a child with a disability - female)

'Parents do not treat them like other children, they ... even use different plates or cups which are washed separately.' (Local Councillor 1 – male)

'If you asked the parents with a family of 4, how many children do you have? They will say 3 children and a cripple.' (Head Teacher, Primary School – male)

'If you asked the parents with a family of 4, how many children do you have? They will say 3 children and a cripple.'

In extreme cases the shame, stigma and burden that the parent feels will result in them hiding their children with disabilities away, thus further isolating them from society. Some interviewees spoke of knowing about children who were tethered or locked up.

'They [children with disabilities] are not washed in the open as it is a tradition; instead the washing takes place in a banana plantation. It is a bad omen for a disabled person to be seen in front of the house.' (Disabled Persons' Organisation Leader - female)

'In the course of my work I have come across families who hide their disabled children and sometimes chaining and locking them in the houses.' (Senior Police Officer– male)

This isolation and discrimination against children with disabilities starts at an early age and compounds the challenges that they experience from their disability by denying them the normal early childhood development opportunities. They are then frequently left out of school which puts them at an educational disadvantage and in turn their future life chances are further curtailed. This can result in a reinforcement of the communities' commonly held beliefs that persons with disabilities are dependent and non-productive.

The fact that the vast majority of children with disabilities in East Africa are left out of school (UNICEF 2010 & Groce, 2005) was repeatedly substantiated by the observations of the research respondents. Many interviewees observed that children with disabilities are left at

home, often alone, while their siblings go to school and parents go to work or to the farm. This leaves the children, not only uneducated, but vulnerable to a range of risks, including sexual abuse.

The social exclusion of persons with disabilities can even extend to how they are treated after death. Funerals are very important to the culture of East Africa and everybody is expected to be treated with dignity and respect in death. However one interviewee highlighted the degree of social exclusion that persons with disabilities can experience when he recalled how a child was buried without any kind of funeral ceremony.

The research data provided evidence that to some extent attitudes about social inclusion are beginning to change for the better, often driven by positive role models.

'In one of the villages in this area we knew a disabled girl who was to be registered in our group of disabled people. Unfortunately she passed on, but she was buried secretly and immediately, something which is very unusual in our culture'. (Disabled Persons' Organisation, Chairman – male)

Despite all the harmful attitudes described above, the research data provided evidence that to some extent attitudes about social inclusion are beginning to change for the better, and that this was often driven by positive role models.

Many of the accounts of more progressive attitudes came from both mainstream and special schools, where pupils with disabilities had done well. This had positively changed the attitudes of teachers and pupils within the school, and in turn started to influence the surrounding community.

'An example is a child [with a disability] who qualified in this school in 2007, and went to college and is now working. This has helped change attitudes and many parents, pupils and teachers are happy to have children with disability in school unlike before when parents would threaten to remove their children if a child with disability, especially epilepsy, is admitted'. (Head Teacher, Primary School - male)

Some other professionals and persons with disabilities themselves felt that their communities were starting to become a little more informed and were beginning to improve their attitudes towards disability. They mentioned that persons with disabilities were slowly becoming more socially integrated and that they were now starting to organise themselves and advocate for their own rights.

'This is now a changing situation since we, as social development workers, are trained in sensitising the communities to do the right thing. People with disabilities are now involved in groups and are starting to take positions of responsibility both in the community and other offices. Children with disabilities are also now going to their nearby schools. They have also started their own social groups that are helping to push their interests in the community'. (Social Development Officer – female)

Attitudes concerning economic status

The research findings show that the general impression held about persons with disabilities is that they are economically dependent upon others, and that they are considered to be broadly unable to do constructive work. Interviewees said that persons with disabilities are

viewed by others as people who cannot be employed because they are usually seen as 'useless' and 'a burden'.

'They [persons with disabilities] are not treated like others in financial matters, for example, people say a cow cannot be given to a disabled person because they will be unable to graze it'. (Disabled Persons' Organisation, Leader – female)

'Members of my tribe discriminate [against] the disabled due to their inability to workthey are not included in important issues.' (Clan Leader– male)

'Members of my tribe discriminate [against] the disabled due to their inability to work they are not included in important issues.'

In relation to formal employment, it was observed that persons with disabilities are discriminated against when seeking jobs and if they are employed they are more likely to suffer exploitation, manipulation and unequal conditions. This in turn limits their chances of proving themselves as capable and productive employees and reinforces the impression that they are difficult to employ. Career progress was also limited by other employees' attitudes, since non-disabled people would not want to be rejected for a promotion in favour of a person with a disability.

'Non-disabled staff feel 'how can a disabled person be our boss?' They despise disabled bosses'. (Leader of Disabled Persons' Organisation - male)

Despite this negative context, some research respondents observed examples of persons with disabilities who had managed to become successfully employed or self-employed. The economic independence that this employment afforded them was seen as a very significant factor in a person gaining acceptance and more equal status in the community. These individuals were seen as exceptional role models who, because of their financial independence, were also afforded more respect and were more likely to be socially included outside their work and afforded more rights in general.

'...people are beginning to understand due to the bigger things achieved for example, disabled people doing business and driving cars. The few disabled developed are models. People are sensitized may be like 60% for example not to mistreat disabled children'. (Clan Leader – male)

Disability misunderstood as a sickness

In some instances it was noted that people in local communities did not make a distinction between sickness and disability. In particular, they would regard a person with a permanent intellectual disability in the same way as a person with a treatable mental health condition. This is an understandable confusion given the lack of public awareness around such issues, but it does add to the stigma attached to the disability label. Persons with disabilities are also sometimes assumed to be weak or frail, and this can be used as a spurious reason for limiting their opportunities and responsibilities, and also promulgates the idea that they are vulnerable and therefore will not be able to defend themselves.

'Disabled people are regarded to be sick people'. (Women with a disability - Focus Group Discussion)

Attitudes concerning faith and disability

Research respondents reported that some of their community members would refer to disability in the context of the teachings from their faith. This frequently results in people viewing persons with disabilities more positively and as individuals who should be allowed to take their place in the community and be more socially included. Interviewee responses also show that persons with disabilities themselves also reference religious texts to reinforce their rights to equality and inclusion.

'We were all created by God'. (Women with a disability - Focus Group Discussion)

'It is written in the Bible that each and every person has a right to be married or to marry'. (Man with disability- Focus Group Discussion)

Other references to faith show that people believe that God can either impose a disability upon an individual (more akin to the notion of disability as a punishment, or to prevent them sinning) or that God has the power to cure people of their disabilities. It is beyond the scope of this study to explore this topic in depth, but it is clear that faith plays a significant part in how people form their attitudes about issues concerning disability.

I believe in the beginning God made some people disabled. He didn't make everybody upright. There were disabled people in the bible as well. (Nurse district hospital – female)

'Some [persons with disabilities] are left at home, maybe waiting to see what will happen, maybe for God's intervention'. (Deputy Head teacher, mainstream school - male)

'Some believe a person becomes disabled for God to 'tame' them for a sin they may commit in future'. (African Inland Church Leader - male)

Attitudes to government concerning disability

Although research respondents were not specifically asked their views about government policies and disability, some respondents made reference to the political situation in their country as regards disability rights. Uganda has a dark history from the Idi Amin regime of the 1970s when atrocities were committed against many groups including thousands of persons with disabilities. The country has come a long way since then and some local government interviewees observed that the Ugandan government is progressive on disability issues. One teacher also made reference to the helpful policy of increasing teacher numbers when the numbers of pupils with disabilities are increased.

'President Museveni has helped the disabled to be regarded as people' (Local Councillor 1 – male)

'Disabled are seen as people who are useless and our government has come up [to recognise] that despite their disability, they have ability'. (Local Councillor 2 – male)

In Kenya a small number of research respondents also made positive reference to government legislation and the Kenya constitution of 2010. They recognised that the changing attitudes within the general population can be influenced by the stance that the government takes, and the policies that they approve.

'They [persons with disabilities] should be equal in accordance with the Kenya constitution. We have them [persons with disabilities] in our offices and even in the Parliament and therefore they are considered to be equal members of the community'. (Administration Police Constable – female).

'The government is now taking seriously issues of disabled people. They are supposed to be given a chance to participate effectively in activities of day-to-day. So people are changing their attitudes gradually'. (Assistant Chief – male)

4.2 Attitudes to sexuality, marriage and disability

After the research interviewees and focus group discussion participants had answered the question about general attitudes to disability, they were then asked more specifically about the 'attitudes around here concerning the sexuality and marriage of disabled persons'. Readers should note that the interviewees and focus groups were mostly describing the attitudes of their community, and not necessarily their own points of view.

A large number of respondents pointed out that the subject of sexuality is not normally discussed openly in the community and that people may feel inhibited to talk about it frankly. Their reservations are compounded when the topic combines both sexuality and disability, which was described as a somewhat taboo subject. That said, the research respondents didn't express any reservations about explaining the issues as they saw them.

Influences on attitudes to sexual relationships

Children with disabilities in Africa are significantly less likely to go to school (UNICEF 2010 & Groce, 2005). This means that they are far less likely to benefit from education about sexual health and relationships, and they are also denied the natural social and personal interactions that most children have at school and from which they develop balanced attitudes to personal relationships. Participants at the research workshop discussed how young persons with disabilities form their ideas about what constitutes a normal sexual relationship. Some participants said that because of society's misunderstanding of, and the stigma associated with disability, some young persons with disabilities develop low self-esteem which can increase their vulnerability to manipulative relationships. Participants said that some persons with disabilities lack normal care and affection from family and friends and they are therefore susceptible to attention from other people, even though the intentions of that person may be spurious. One interviewee went as far as to say:

'The only way a disabled person learns about sexual relationships is through sexual abuse'

'The only way a disabled person learns about sexual relationships is through sexual abuse' (Senior Police Officer– male)

This view is also linked with the idea expressed in the literature review by Phasha (2009) and others that sexual abuse can be wrongly interpreted as 'a favour' to the person with a disability, with some explanations suggesting it's the only way they will experience sex.

'People see them as helpless and weak and thinks it is a favour to consider them as a sexual partner.' (Administration Police - male)

'My people do not consider rape to be a very serious crime, they might see the theft of a cow as something more serious.'

During workshop discussions, participants explored the traditional and cultural influences which might influence local attitudes to sexual relationships and sexual abuse in the east African context. They also discussed the fact that many members of their communities do not understand, or choose to deny the seriousness of crimes involving sexual violence.

'My people do not consider rape to be a very serious crime, they might see the theft of a cow as something more serious' (Village Elder – male)

It was speculated that the origins of these attitudes may be influenced by traditional African practices around courtship and marriage. Two examples were given; (a) amongst the Karamoja people of Uganda where a workshop participant from Uganda explained that rape during dating relationships is considered 'normal' in that culture; and (b) amongst the Kikuyu tribe (and others) in Kenya where when a marriage is agreed, the groom would traditionally be expected to perform a ritual which involves the forceful 'stealing' of the bride from her family home. Whilst he takes her to his home she would be expected to feign reluctance by pretending to fight her abductors and crying all the way to her new home.

Perceptions of persons with disabilities and sexuality

The research data and research workshop discussions suggest that persons with disabilities are sometimes perceived by others to not have sexual feelings like others or to be sexually active. This might be because people in the community feel uncomfortable with contemplating the topic and prefer to assume that persons with disabilities do not have sexual desires and are virgins. Unfortunately these misconceptions can create risks for persons with disabilities, because potential perpetrators of sexual abuse can regard them as 'clean', that is to say, they believe that persons with disabilities are not carrying HIV or other sexually transmitted diseases, and are therefore 'safe' to abuse. The myth of virgin cleansing also exists in some parts of East Africa, whereby people are under the misapprehension that if they have sex with a virgin they can be cured of HIV & AIDS. Additionally research workshop participants explained that a variety of other myths exist concerning the perceived benefits of having sex with persons with disabilities. One example is the belief that one will experience good luck or wealth after sleeping with a person with albinism.

'Traditional healers should stop deceiving people that if you have sex with a disabled person something good happens'. (District Probation Officer - male)

The literature review which suggests that persons with disabilities may be regarded as not only asexual but also sometimes as hypersexual was not widely corroborated in the research data, however one nurse was under the impression that people with epilepsy can exhibit overtly sexual behaviour.

'I also believe those with epilepsy have a high libido during ovulation' (Nurse - female).

Attitudes to relationships involving persons with disabilities

The research data and research workshop discussions revealed that sexual relationships between persons with disabilities or between a person with a disability and a non-disabled partner are frequently viewed by others with suspicion and mistrust. Workshop participants explained that if a non-disabled man chooses to be with a woman with a disability, people will suspect he is looking for sexual gratification rather than a genuine relationship. Others might ridicule him or assume he is 'desperate' and unable to find a non-disabled girlfriend.

If a non-disabled man chooses to be with a woman with a disability, people will suspect he is looking for sexual gratification rather than a genuine relationship.

'Non-disabled people are seen as strange, or regarded with suspicion if they form relationships with persons with disabilities.
(Assistant Chief – male)

'.. people may feel having a sexual relationship with a disabled person is a laughable issue.
(Administration Police Officer - female)

These community attitudes extend to the professional services whom whilst trying to help protect persons with disabilities from abuse are also reinforcing the attitude that a person with a disability cannot form their own relationships.

'If I see a man walking with a girl with a disability I might check it out to see if there is anything suspicious going on'. (Police Officer - female – research workshop participant)

A similar concern was expressed by another police officer who stated that if the police:

'...came across a man with a disabled girl like that (taking a 'romantic stroll'), they would investigate if the man was abusing the girl or has the intention to use her to commit a crime.'

The officer went on to explain that the same action would not be taken with a non-disabled couple because:

'That is normal, but for the disabled person and a non-disabled they would most likely have to prove that they are innocent'. (Senior Police Officer- male)

Several interviewees made the point that persons with disabilities are liable to being mistreated in relationships, and in particular, that men might form sexual relationships with women with disabilities but will not want to be seen with them in public. The relationships are kept secret.

'I was invited to go for a meal with a man, but he wanted to meet me inside the restaurant. He did not want to be seen entering or departing with me!'
(Leader, Disabled Persons Organisation – female - research workshop participant)

'You will find people want to make a relationship with them [persons with disabilities] but they want it to be very secret. Some of them visit the disabled person at night. The disabled women or girls also get pregnant and it will always be mysterious.
(Chairman - Disabled Persons' Organisation – male)

'People around here do not recognise that disabled people have sexual rights, they see them as sex objects to use and forget' (Special Unit Teacher - female)

Families are fearful of their children with disabilities becoming victims of sexual abuse and they sometimes try to safeguard their children by protecting them at home and by restricting their movements. Examples were given at the research workshop of children with disabilities being locked in the house while other family members go to work in the fields. The dilemma for families is that they are concerned about the safety of their children, whilst having no acceptable means of keeping them safe. Their well meaning solutions can result in rights abuses and cruelty of another type.

Marriage in the East African Context

Culturally in Uganda and Kenya, marriage is seen as a rite of passage which enhances the couples social status. It is also the accepted means by which children can be born and the birth of children (particularly boys) also increases the status of both partners, but especially the woman who progresses to the status of a mother. The importance of a couple's friendship or 'love match' is not generally emphasised as much as it would be in contemporary western cultures. Marriage in East African culture is also strongly linked to the inheritance of assets, especially land. Traditionally a woman who is proposed to by a man is expected to accept the proposal so long as the man is solvent and has a means of supporting a family. The social norms within marriage demand that if a man is to 'take' a wife he must provide for the family financially, whilst women are expected to show that they can perform household tasks such as washing and cooking, and have the ability to give birth and care for children. If a person is seen as being incapable of performing the conventional roles within a marriage, they may be deemed by others to be 'unmarriageable'.

Attitudes concerning the right to marriage

Research respondents gave the impression that their communities did not generally view persons with disabilities as having the necessary qualities to make successful marriage partners. Men were seen, with some exceptions, to be financially dependent rather than providers, and women were viewed as weak or unable to cope with household duties, and especially with raising children.

'Yes they [persons with disabilities] have rights to a married life so long as they are capable.... to raise and educate their children'. (Faith Leader, Catholic – male)

There was also an underlying impression that community members are uncomfortable with persons with disabilities getting married and having children. This may be in part because of the lack of knowledge about disabilities and the mistaken beliefs that disability can be contagious or is hereditary and passed on from parent to offspring. Also the notion that disability is associated with bad family spirits or wrongdoing amongst the ancestors is an influencing factor.

'Community members will not be happy. I have witnessed this attitude in my home village . a beautiful girl was married to an severely physically disabled man and everybody was laughing at the couple and so on'.
(Parent of a child with a disability – focus group participant)

'When a disabled girl gets married in a certain family, the people there may view her as

somebody who may bring evil or misfortune'. (Lawyer – female)

In some cases the families act as arbitrators as to whether their adult children can be considered as people who can marry. They may wish to continue to protect their grown-up children and feel they are incapable, or unworthy of marriage.

'I have an example of my neighbour who has a mentally challenged young man. One day I asked the neighbour why she could not get a woman to be married by the young man. She told me that there's no need. The young man does not deserve a piece of land or a child'. (Dispensary Nurse – female)

Research respondents reported that their communities perceive the right for a disabled person to get married as conditional upon the degree and type of disability. They also regarded the economic standing and the gender of the person as a factor. The notion of the universal right to marriage was therefore compromised. For example they would view a woman who is physically unable to carry water from the pump to the homestead as unfit to be a wife, whereas a man with disability would be accepted as a husband providing he was financially secure. A focus group of parents of children with disabilities made the following remarks:

Research respondents reported that their communities perceive the right for a disabled person to get married as conditional upon the degree and type of disability.

'Certain types of disability can allow a successful marriage but with others you can just forget about it'

'It depends on the disability. Some can marry or get married'

'They have rights depending on their disability'

A number of examples were given in interviews concerning marriages involving persons with disabilities which were considered to be successful, these tended to involve men with disabilities who were economically stable.

'When I wanted to marry for instance, I didn't have difficulties because I am having a home and am able to support her as my wife'. (Chairman Disabled Persons' Organisation – Male)

'My deaf brother went through a church wedding and now has 4 children'. (Faith Leader, Anglican Church Priest – male)

It was also reported that other unusual factors influence people's decisions about marrying persons with disabilities, for example a belief that a person with a disability cannot be unfaithful.

'I know a teacher who married a disabled woman who was having a dressmaking business. He made love with her and married her because she would not be unfaithful and would not attract any other man' (District Probation Officer -female)

The attitudes to disability of the duty bearers of the wedding ceremonies were also

influential in decision making when a person with a disability was contemplating marriage. Interviewees stated that faith leaders were increasingly supportive of persons with disabilities getting married, but that they might need extra reassurance that the couples motives were genuine, and that they have considered all the implications.

'People in my profession [priest] takes this issue positively and that's why they facilitate in weddings'. (Catholic Faith Leader, - male)

However one church leader reflecting upon the attitudes of his church colleagues said; *'A pastor is likely to treat them differently from the non-disabled partners. A pastor may ask, 'are you sure you want to go through this, have you thought through this and made a decision, are you really serious you want to marry this person, have you thought about the consequences and are you sure you will not change your mind in future?'' These questions are also asked to non-disabled couples but not really emphasised. A pastor may also ask them to go and rethink the whole thing as they feel that something is not right'. (African Inland Church Leader - male)*

'A disabled person has a right to get married and get babies because she is a human being. Disability cannot be a barrier in any way!'

It is clear that many community attitudes result in persons with disabilities having their rights to marriage compromised, or even denied. However, as with other attitudes about disability in East Africa there are signs that attitudes are changing, with some groups aware of their rights and speaking up for change, even in rural communities.

'A disabled person has a right to get married and get babies because she is a human being. Disability cannot be a barrier in any way!'

(Woman with a disability – focus group participant)

Summary of rights and the UNCRPD

It is clear that the research finding from the preceding two sections of this report show that persons with disabilities in Kenya and Uganda continue to experience significant denials of their human rights as specified in the UNCRPD and national legislation. This corroborates the findings of the report *'From Norm To Practice, A Status Report On Implementation Of The Rights Of Persons With Disabilities In Kenya; Kenya National Commission On Human Rights (2014)*. The report concludes that *'while there are positive milestones made, the country still lags behind with implementation of [the] CRPD. There is a major disconnect between the human rights rhetoric and the realities that exist in the country. Significant gaps in access to infrastructure, health services, education, work and employment and political participation are stark realities that persons with disabilities continue to experience'*.

4.3 Views concerning the prevalence of, and factors which contribute to sexual abuse of persons with disabilities

Prevalence of sexual abuse of persons with disabilities

Reliable statistics concerning the prevalence of sexual abuse in East Africa and numbers, especially those disaggregated by disability, are lacking in the literature. Any figures based upon data collected from services such as the police and health services are likely to understate significantly the true rates of abuse as they do not capture the many incidences which are concealed domestically or in the community, and never reach the authorities.

This research did not attempt to make quantitative measures of the prevalence of sexual abuse of persons with disabilities. However it did investigate the views of the research respondents and workshop participants concerning how common they believe sexual abuse of persons with disabilities is. 80.5% of interview respondents stated that sexual abuse of persons with disabilities is ‘common’ or ‘very common’. Some said it is ‘taken as normal’ or ‘rampant’. Furthermore, most respondents had had first-hand experience of dealing with such violations.

‘80.5% of interview respondents stated that sexual abuse of persons with disabilities is common or very common.’

Views about prevalence of sexual abuse of persons with disabilities by % of research respondents

‘It happens but is not common’	‘It is common’	‘It is very common’
19.5 %	56.5%	24%

‘Sexual violence is taken as a “normal” practice because a day cannot pass before a case is reported’. (Hospital Junior staff – male)

‘The rate is high but they might not reach the hospital. This being a rainy season with maize plantation all over, many incidents take place in these plantations and are not reported’. (Nurse District Hospital – female)

‘I have seen many disabled who were raped, produced children and left alone. Two in a neighbouring village and one in my village of birth. Parents ignored everything and remained with the babies’. (Local Councillor 1- male)

In the case of the more senior level services such as doctors and the police, many acknowledged that they only get to see the cases which have been formally reported and they are sure that there are many more which never reach the level of their services.

‘It is common, but I can only say that we may not have the statistics since we only know the ones who are brought to us but we believe that there are those that are never reported’. (Doctor - male)

‘Let me tell you as a Police Officer, I know it [sexual abuse of persons with disabilities] is common but it is rarely reported to us’. (Senior Police Officer - male)

‘Very few incidents which are seen are reported. Many incidents in villages are not reported, you will hear a story after one week or so’. (hospital junior staff – male)

Perceived vulnerability by gender, age and type of disability

Research interviewees were asked about their views concerning who they think are more or less likely to experience sexual abuse against them with regard to gender, age and type of disability. It should be noted that respondents’ ability to answer this question from an informed position will tend to vary with their profession and the amount of direct experience they would have had dealing with cases of abuse. For example a nurse who has cared for

many survivors of abuse could make observations from direct experience whereas others with less experience might be offering more speculative opinions.

This appeared to be particularly true when respondents were asked about vulnerabilities with regard to different types of disability. Some interviewees made assumptions, for example that blind survivors of abuse will be unable to identify their attacker.

When it comes to gender and age, research respondents from all groups and professions overwhelmingly felt that females are most at risk of sexual abuse and that girls and teenagers are more at risk than adult women.

'It is also girls that are mostly abused. I am yet to come across a male victim'. (District Social Development Officer - female)

That is not to say that boys and men were thought to be at no risk and in research workshops the fact that boys and men can be victims of abuse was acknowledged. It was also suggested that males who are abused may be less likely to report the offence, and that the shame associated with abuse of boys and men could be even more acutely felt by survivors. This could be especially so in a context where homosexuality is illegal and a taboo subject, as there is often an implication that abuse of boys and men will be homosexual, although this is not necessarily so.

'Girls are more abused than boys; it is not common to hear of a boy being abused by another man or a woman, or if it happens it is not reported or people don't want to talk about it. It is so shameful for the victim and the family'. (Administration Police - male)

'The Kamba community [of eastern Kenya] does not generally abuse boys and if it happens it will be even a bigger shame than if it was a girl and it will be more difficulty to even discuss it. I am not saying that it does not happen, but girls are more abused than boys'. (Community Nurse – female)

'In our community disabled men are not abused or if it happens it is never reported, it is too shameful even to talk about it'. (Disabled Persons' Organisation, Leader - female)

The vulnerability of girls with disabilities was often increased because they are frequently left out of school and alone at home in the day when parents are at work or cultivating the fields.

It was also noted that pregnancy as an indicator of sexual abuse was common in girls, whereas if a boy is abused such obvious evidence will not be apparent.

It was felt that the vulnerability of girls with disabilities was often increased because they are frequently left out of school and alone at home in the day when parents are at work or cultivating the fields. Also they are expected to undertake domestic duties such as shopping or collecting water far from the home, which also puts them at risk. Young children were also seen to be more susceptible to coercion and petty enticements.

'Children are also persuaded using small items such as sweets, fruits and so on'. (Mother of child with a disability)

Considering vulnerability by type of disability, deaf or blind people as well as persons with intellectual disabilities were thought to be most at risk of sexual abuse.

Deaf people were seen to be vulnerable, largely because it was assumed by research respondents that they are unable to speak or communicate effectively. Therefore it was thought that perpetrators might believe that a deaf victim will be unable to shout for help at the time of an assault and subsequently will be unable to report the crime or give satisfactory evidence in the case of a prosecution.

'The deaf are more at a risk because they cannot make alarm' (Local Counsellor 3 - male)
'We had a case of a deaf girl who was abused just because the offender assumed she would not speak and testify about the incident'. (District Probation Officer – female)

'I think deaf are more vulnerable because, how will she report and mention evidence when she cannot talk?' (Disabled Persons' Organisation Leader – male)

Blind people were also frequently mentioned as being at high risk of sexual abuse, and some interviewees said that they are most at risk. The main reason given was that they will be unable to see and recognise or identify the perpetrator. This rationale may however be based on an underestimation of a blind person's ability to recognise people by other senses, like smell, voice and touch.

'The blind are more vulnerable because they can't see or identify a person'.
 (Muslim Leader – male)

'Normal women go for blind and deaf young boys and sexually abuse them'.
 (Probation Officer – female)

Persons with intellectual disabilities are seen as highly vulnerable. Depending upon the severity of their disability, they may not be able to fully understand the difference between sexual abuse and non-abusive affection and relationships. Interviewees remarked that they may also be easy to persuade, coerce or intimidate, and that assailants can take advantage of this. Additionally, persons with intellectual disabilities may be regarded as unreliable witnesses and their testimonies may not hold up in court, especially if no special assistance is put in place.

'..a slow learner is more at risk because she cannot think twice. She gets persuaded with some money and goodies'. (Dispensary Nurse – female)

Slow learners suffer more because they don't differentiate good and bad people'.
 (Man with a disability – focus group discussion)

'When it comes to investigating time, they [persons with intellectual disabilities] cannot be able to express themselves well. Sometimes they even forget whoever has done something wrong to them'. (Assistant Chief – male)

The mobility and physical strength of persons with disabilities was identified as a factor which contributes to vulnerability. Those that cannot physically evade an attacker or fight back were seen as vulnerable. Research respondents said that although those with physical disabilities can recognise attempts to coerce them into unwanted sexual acts, they may be unable to physically escape or restrain the perpetrator, though they may be able to shout and raise an alarm.

'Many physically disabled are disadvantaged because of their disability. They can't defend themselves'. (Protestant Church Leader - male)

Some other types of disability such as albinism and epilepsy were identified as contributing to vulnerability, especially where there is a belief that sex with persons with disabilities is safe or beneficial to the perpetrator.

'They [persons with epilepsy] are at risk when they are getting seizures. I know a case where a father used to abuse his daughter during the fits'. (Disabled Persons' Organisation, Leader - female)

Consequences for victims

Apart from the psychological and emotional trauma and feeling of humiliation and shame that survivors of abuse experience (also see section below on the consequences and effects of under-reporting), they are also put at high risk of injury during assaults and can be exposed to HIV and other sexually transmitted infections. There is also a risk of unwanted pregnancy.

Some research respondents also noted that local agreements may be forged between known perpetrators and the survivor's family, including in cases where a baby is born as the result of the sexual abuse. Families can arrange for the survivor to be married to the perpetrator in an attempt to provide some kind of care structure for the child.

'...if the perpetrator agrees, a negotiated agreement is written with the victim's parents, which sometimes ends up in marriage'. (Local Councillor 1 - male)

Another consequence of sexual abuse, or the fear of it, can be that a person with a disability is overprotected by their family. In a well meaning attempt to keep their family member with a disability safe, families can inadvertently cause them to become socially isolated and in extreme cases they may be locked away or even tethered like animals, to stop them leaving the presumed safety of the home environment.

Ignorance of the severity of the crime

Many people in Kenya and Uganda do not fully understand how serious the crime of sexual assault is in law, and they therefore do not feel obliged to go straight to the police if it occurs. Even those that hold local positions of office can have a misunderstanding about the extent of their own remit. Some lower level government officers (e.g. Village Elders, Assistant Chiefs, Chiefs and LC1s) do have authority to handle minor civil cases of law but they are not authorised to deal with serious crime such as sexual assault, which should be referred straight to the police. However these officials do sometimes exceed their authority and become involved in cases that are beyond their level of responsibility.

'People also do not know that according to the law sexual abuse is a crime and not just a civil case'. (Social Development Officer - female)

Also community leaders such as faith leaders will sometimes, with good intentions, try to handle reports of sexual abuse instead of referring them to the legal system.

'People do not know that according to the law sexual abuse is a crime'

Perpetrators perceiving sex as a ‘favour’ to the victim

The research findings show that some people have the impression that persons with disabilities cannot form their own sexual partnerships in the conventional way. People therefore wrongly assume that persons with disabilities do not, or cannot experience normal sexual relationships and subsequently will tolerate and accept sexual abuse because it is their ‘only means’ of experiencing sex. Perpetrators of abuse can use this fallacy to try to justify sexual assaults and present them as some kind of favour to the victim.

‘They think it is good luck for the disabled person to have this [sexual abuse] because nobody is ready to do the thing in a good way’.

(Woman with a disability, focus group discussion)

Research respondents also observed that in some cases members of a community might tolerate or even approve of the sexual abuse of a person with a disability, because they believe it is the only way in which the person with a disability will experience sex or become a mother in the case of girls.

‘...Persons with disabilities lead an isolated life and depend on others hence they are abused by the care givers, family or friends who are alone with them most of the times. Some people have been heard to say ‘leave the perpetrators alone since they did something bold that no one else was willing to do like have sex with a woman with a disability’. This is considered to be a favour extended to her. (Nation Disabled Persons’ Organisation, Leader - female).

Belief that sex with persons with disabilities is safe or beneficial to the perpetrator

As mentioned on page 22, the research revealed that some people mistakenly believe that persons with disabilities are not sexually active and are therefore likely to be virgins and free from HIV and other sexually transmitted diseases. Research respondents felt that this false belief contributed to the vulnerability of persons with disabilities because they were considered by the assailants to be safe sexual partners. Other less well known myths about disability and sexuality also exist in this region. Some believe that having sex with a person with a disability (such as a person with albinism) will bring good fortune, health benefits or wealth and others are reportedly attracted to the supposed uniqueness of the experience. These factors can increase the risk of sexual assaults on persons with disabilities.

Social factors – alcohol and drug abuse

A large number of research respondents cited youth delinquency, drugs and alcohol as significant contributors to the prevalence of sexual abuse, saying that perpetrators occupy drinking places and are more likely to offend when under the influence of drugs and alcohol. Some respondents also mentioned other social problems as contributors, such as young people out of school and youth unemployment (‘idle youth’). Others made reference to ‘spoilt morals’ and a ‘lack of religious ethics’.

‘...there are also many dropout youth who are idle and reckless and they find disabled people as easy prey, ... and you may need money to maintain a girlfriend, they are poor and may not afford it. I also think the easily available local brew contributes to abuse especially incest since when people are drunk they are reckless and will again go for the more vulnerable disabled girls’. (Teacher, Special Education - female).

Increased vulnerability through poor care and neglect

Numerous research interviewees identified poor parental care and protection of children with disabilities as a topic of concern. They said that many parents neglect their children with disabilities in favour of non-disabled siblings and they are often left unattended at home while other children go to school. Others are cared for by relatives or domestic workers, and in some cases these people, or the parents themselves, are the offenders that commit abuse.

'I think the most common [abuse] is incest because most of them are abused by a parent or a close relative..... a family will leave a severely disabled child unattended and that is when most abuses happen.'

'I think the most common [abuse] is incest because most of them are abused by a parent or a close relative..... a family will leave a severely disabled child unattended and that is when most abuses happen'. (District Social Development Officer - female)

This is not to say that many parents do not love and care for their children with disabilities properly and with great commitment and concern about how to keep their children safe from abuses of all kinds.

'I handle my disabled child with a lot of care, I try to avoid her getting into the dangers of being sexually abused'. (Parent of a disabled child – focus group discussion)

Interviewees identified the long distances people walk between services like water points and schools as putting persons with disabilities at increased risk. In some cases fear of these dangers can result in over-protection. Sometimes this over-protection results in children with disabilities being confined to the house, and in extreme cases individuals (especially those with intellectual disabilities) have been known to be tethered to stop them venturing away from the home.

Institutions such as boarding schools were also identified as an environment that might put persons with disabilities at risk of abuse. The knowledge and implementation of child protection principles and procedures are not always good and research respondents felt that institutional settings could inadvertently give perpetrators opportunities to commit sexual assaults. It was also noted that persons with disabilities can also be the perpetrators of abuse against others with disabilities. This may be more common in domestic settings or in institutions such as special schools, especially boarding schools.

'You will also find some of the disabled people also becoming offenders. They assume nobody will ever love or marry them and they may end up abusing other disabled people, by taking advantage of the physical or mental disability'. (District Probation Officer – Female)

4.4 Reasons for the under-reporting of sexual abuse against persons with disabilities

Shame and Stigma

One of the most significant factors which contributes to the lack of formal reporting of sexual assaults is the sense of shame that people feel as a result of these incidents. This factor was expressed again and again by all levels of research respondents. Survivors of abuse are likely to experience strong feelings of shame and sometimes mistakenly believe

that they are in some way complicit in, or responsible for, the abuse that they are suffering. The immediate family is also likely to feel shame and humiliation because of the sexual abuse and if the story becomes public, the associated stigma can be acute. Research respondents identified these factors as a major reason why abuse is sometimes unreported or kept secret within a small group of people and why they may try to resolve the issue locally without reporting it to the official bodies. In Uganda reports often do not even reach the Local Councillor 1 which is the most junior local government official and the first point of official contact.

'Sexual matters are not openly discussed in this community and the shame of admitting it happened [sexual abuse], leave alone discussing it, can be too much shame to a family and they decide to ignore it. (Christian Faith Leader – male)

'Most of the cases we see are accompanied by the police, but I am sure there are cases settled at home or people are ashamed to report. (Hospital Junior staff – male)

Feelings of shame are exacerbated when the survivor of sexual abuse is a person with a disability. Commonly held social attitudes in East Africa tend to ignore or deny the fact that persons with disabilities have sexual desires and can be sexually active. Therefore discussions about sexual matters combined with disability issues are considered particularly uncomfortable or taboo. In this social context, when sexual abuse is perpetrated on a person with a disability, feelings of humiliation and shame are imposed upon survivors and their families. These families already feel stigmatised by the social attitudes to disability and can be even more rejected and isolated by neighbours and the wider community if they become victims of sexual abuse.

'The community also wants to put a lid on issues that can shame the family or society and sexual abuse is not something the community wants to discuss especially that of a disabled person, I have even had a case where people were asked at the police station to go and settle it at home'. (Social Development Officer - female)

The concept of 'community shame' was also identified by research respondents, and it was agreed that many communities will make stringent efforts to keep secret any events they believe will reflect badly on them as a whole. This is another reason why survivors can feel isolated and that their violations are not properly recognised.

A village elder at the research workshop said: *At barazas [local public meetings] the topic of sexual relationships is not easy to raise, people aren't comfortable talking about it'* It was not entirely clear as to whether this was considered shameful for the community because they were unable to prevent the abuse, or perhaps more likely, they simply do not want to have any kind of negative incidents about their community made public.

Threats and coercion by perpetrators

One of the most evident reasons that survivors may not report ongoing or individual incidents of abuse is that they are under threat from the perpetrator or the perpetrator's associates. These may be direct threats to the survivor or the survivor's family or to those that become involved in assisting and pursuing justice on behalf of the survivor.

When I heard sounds at night I thought they [the perpetrators] had come to my home. They said if I continued they would rape me and my daughters'. (Leader Disabled, Persons' Organisation – female)

Perpetrators who are prominent or powerful people in the community are also seen as difficult people to accuse because of their social status. Thus those in positions of power can abuse this privilege and use their power against persons with disabilities who are seen as vulnerable and unlikely to report the abuse.

'If the perpetrator is a prominent person in the community you can't spoil his CV.' (Woman with a disability – focus group discussion)

The research respondents with disabilities, and some community workers, hold the view that the perpetrators of abuse operate with a sense of impunity. In some cases they seemed resigned to the belief that perpetrators can use coercion and threats to intimidate survivors and witnesses and that if the police do get involved the guilty party will use bribery to evade justice.

The perpetrators of abuse operate with impunity ... use coercion and threats to intimidate survivors and witnesses ... bribery to evade justice.

In some cases the survivor and the perpetrator are members of the same family or the perpetrator is a close family acquaintance. If the perpetrator is the provider of the income for the family or holds strong authority over other family members they are likely to be able to coerce them into keeping silent about the offences. Perpetrators may use money or gifts to bribe the victims and their family into secrecy. Again these are abusive power relationships which are very difficult to disrupt or challenge. Some respondents said they were aware of cases in which girls with disabilities had been repeatedly abused by somebody known to the family, and the family or carer had become complicit in allowing the abuse because they were remunerated by the perpetrator. This amounted to soliciting prostitution for income.

'...what do you say when a parent takes 200 shillings [about \$2] and agrees to close their eyes when their daughter has been raped? (Disabled Persons' Organisation, Leader – female)

'a deaf and dumb girl has 4 children, whereby parents negotiate with a man who takes her only to conceive and she is returned as if she is a goat. That is sexual abuse because sex must involve choice'. (District Probation Officer – male)

'...some fathers abuse their daughters who compromise because they do good shopping [buy gifts] and pay school fees for these daughters. I think some mothers are aware of such incidents but they are shy to talk about it. I know a case where a mother was afraid of being divorced until her husband defiled another daughter who was younger'. (District Probation Officer – male)

Lack of trust in professional services

The research findings show that survivors, their families and the wider community have an underlying and pervasive mistrust of formal authorities, especially the police service. They feel that the services are unlikely to be trustworthy or to offer a competent reliable service.

During focus group discussions, the persons with disabilities cited 'themselves' as the people they would turn to, to report abuse. That is to say they would most trust disabled person's organisations including their local community groups. Other authorities and organisations which might be reported to were identified, and included Village Elders, the LC1 (Uganda), Nyumba Kumi (group of ten people in the community, Kenya) pastors, the Chief and teachers. This list illustrates the fact that people who experience sexual abuse tend to feel more comfortable reporting to local community structures rather than the formal authorities such as hospitals and the police.

Requirement for payment to service providers

Many research respondents cited the need for money to take a case to the police as a contributor to reporting reluctance. They also identified the distance, and subsequent time and cost of transport from rural locations to police stations and hospitals as another barrier.

'Incidents of sexual abuse happen in rural areas where service providers are very far away and roads are in bad state. Some families are too poor to raise money for transportation to police, to hospital and the court.'

'Incidents of sexual abuse happen in rural areas where service providers are very far away and roads are in bad state. Some families are too poor to raise money for transportation to police, to hospital and the court. The process is expensive and time consuming to such poor families'. (Probation Officer - male).

Many respondents also expect to be asked for money by the service providers to do their jobs. For example they feel that the police might require payment to provide the necessary paperwork (e.g. provision of a P3 form) or to fuel a vehicle to visit the hospital or crime scene, and they are unsure about the legitimacy of these charges.

'The LCs and police and doctors do well but police and doctors both ask for money.....that is why parents keep quiet, they have no money to pay and no alternative but to continue supporting the victim themselves' (Local Councillor 1 - male)

Prolonged and untrustworthy legal processes

Research respondents felt that if they reported sexual abuse against a person with a disability to the police, it would be the start of a very long, expensive and frustrating legal process, which would be unlikely to result in proper justice at the end. They anticipate there will be long time delays in the courts system and expect demands for payments throughout the process.

'Many people think it takes a lot of time for a court case and they easily give up attending court. Sometimes the police compromise the evidence and the case is lost'. (Social Development Officer - female)

Research respondents had the strong impression that the conviction rates of perpetrators are very low. They felt that reports of sexual abuse seldom make it to the police and even fewer reach court. Of those that do reach court, it was believed that there are too few convictions. The result of this perceived low conviction rate is that people believe perpetrators are 'getting away with it' and acting with a sense of impunity. They also believe this contributes to the high prevalence of sexual assaults.

Not all of the fears that the community research respondents anticipate are necessarily born out in fact, as they are usually based upon accounts passed on by word-of-mouth, rather than genuine knowledge and experience. For example the police officer at the research workshop made the point that many people in the community misunderstand the concept of bail. They see a suspect being arrested and when they are released on bail a few days later the community members believe that a bribe has been paid and that the suspect was permanently released without punishment.

Attitudes of service providers towards persons with disabilities (user perspective)

Persons with disabilities do not believe that the attitude of the formal authorities towards them is fair and equal. They have become accustomed to being discriminated against and believe that the authorities have a negative and disrespectful manner and do not take sexual assaults against persons with disabilities as seriously as those against non-disabled people. They do not trust duty bearers in positions of authority and are therefore reluctant to venture forward to the authorities to report a crime. Based upon their previous experiences, they anticipate an unsympathetic and negative response. If the crime is of a sensitive sexual nature the fear of receiving a cold, disrespectful or dismissive response from those in authority is all the more acute.

'Even when you send the victim to government organisations they don't consider the disabled people the same way they consider the normal people. In most cases the disabled are ignored'. (Woman with a disability – focus group discussion)

'The police abuse them [the complainants with disabilities] knowingly or unknowingly, I don't think the police have the right training for dealing with the victims and at times they harass and question a disabled person as if they are the perpetrators rather than the victim, which traumatises and stigmatises them even more'. (Senior Church Leader - male)

'I recall a situation I experienced in a police station when a complainant was asked by a police officer "are you sure you have been raped or you offered yourself and now you want compensation?" This made the victim feel unwanted and that she should not have come to the police for support'. (Senior Church Leader - male)

'I don't think the police have the right training for dealing with the victims and at times they harass and question a disabled person as if they are the perpetrators rather than the victim, which traumatises and stigmatises them even more.'

When a focus group of women with disabilities were asked 'Do you think persons with disabilities get the same justice as other people?' They all replied with a 'no'. Some reasons given were:

'Because they [the authorities] think a disabled person is useless to the community'.

'They [the authorities] think they are wasting time dealing with an unproductive person'.

'They think it is good luck for the disabled person to have this [sexual abuse] because nobody is ready to do the thing in a good way'.

On the other hand the research revealed some signs that people in positions of authority do believe that the culture within their institutions is changing away from the traditional negative values towards a more progressive way of thinking.

'Within our area in the African culture they see it [disability] as a curse yet in the modern world which we are living in right now it is a problem to do with genetics / generic thing. In my view giving disabled people more attention and good service is more important'.
(Administration Police - male)

Consequences and effect of under-reporting

There are several serious consequence resulting from many crimes of sexual assault not being reported to the formal justice system or health-care services. First of all survivors are unlikely to receive any professional counselling services if the issue is kept secret or dealt with informally at community level. This means survivors often feel a sense of betrayal and injustice because their own community did not support them to get what they see as a fair outcome. The psychological damage is not properly addressed and their future mental health is therefore put at risk. The survivors with disabilities who narrated their experiences of abuse at the research workshop both know the identity of their attacker, and both are angry that they were still living freely in their community.

'I hate that man, I hate him. he should be severely punished ,he should be castrated' (Survivor of sexual abuse with a learning disability – female, workshop participant)

The low levels of reporting of sexual abuse and the resulting lack of prosecutions and justice mean that people believe it is 'easy to get away with it'. When known perpetrators are walking free and unpunished, the use of the law as a deterrent is undermined. The perceived seriousness of the crimes are also diminished within society. In this context potential perpetrators may be more inclined to commit abuse than if they see justice being done and perpetrators being sentenced to long terms of imprisonment.

'...since legal action was not taken the offender simply walks around as a free man'. (Man with a disability – focus group discussion)

Frustration with the prevailing state of affairs can also result in people taking the law into their own hands. So called 'mob justice' is sometimes used when the formal justice systems are known to be ineffective. This can result in suspected perpetrators being forced out of the community, attacked or even killed.

'The people in the village usually look for the offender and take the law into their own hands by beating him up' (Man with a disability – focus group discussion)

'Locally when the offender is found he/she should be disciplined physically by the people'.
(Man with a disability – focus group discussion)

4.5 Factors affecting the responses of service providers

One significant aim of the research was to discover the attitudes, practices and knowledge levels of both professional service providers and the community level organisations that play a role in safeguarding and responding to incidents of sexual abuse of persons with disabilities.

Attitudes and practices of service providers

The representatives of professional services that were interviewed stated that colleagues in their workplaces vary in the way they treat persons with disabilities. Some tend to offer them equal service levels, and in some cases said that they gave them particular attention or priority. However there may be some courtesy bias in these responses. About half of the professional respondents did however concede that their professional colleagues did not always have positive attitudes to persons with disabilities and sometimes offered inferior or discriminatory services to survivors of abuse. For example a hospital nurse said she felt that:

'There are still some health-care staff who do not show understanding to persons with disabilities, although they are in the minority.'

'When providing services they [people in my work setting] first attend to normal people and the disabled later, yet it should be the other way round. They regard the disabled as secondary yet they should be given priority. Some of these workers have been trained and have certificates!... Other staff are affirmative, may be 30% are good and feel disabled should have equal rights'. (District Probation Officer – female)

None of the respondents said that they personally would respond to persons with disabilities in a negative or discriminatory way, however this lack of personal testimony is unsurprising. This was in marked contrast to the views of the service users with disabilities who were interviewed, as without exception they felt that they were discriminated against. In general the professional service providers believe that they have more progressive and positive attitudes to disability than the wider populace who they believe still hold outdated and negative ideas about disability. The professional service providers also felt that attitudes towards persons with disabilities were gradually improving in their workplaces.

'Most of my colleagues see and serve them [persons with disabilities] as they would a non-disabled but there are those who share the community's negative attitudes to disabled people'. (Chief – male)

It should be noted that the responses of the service providers in this part of the research could, to some extent, have been a result of acquiescence bias. Even though the questions asked of them were specifically phrased to elicit answers about how they experience their profession and colleagues, they may have wished to present themselves in a favourable light.

Knowledge levels of service providers and 'local courts'

When research respondents from the professional services were asked what their organisation's response would be to a report of sexual abuse of a person with a disability they described the role that their organisation would play and in some cases the specific actions that would be undertaken. Most respondents said they would be confident in their own ability to respond appropriately and the health-care professionals particularly, exhibited a reasonable knowledge of procedure. However some respondents still felt that their colleagues were still strongly influenced by local cultural beliefs.

'I think they [my colleagues] are torn between the traditions / cultural beliefs and what they have learned as professionals.' (Doctor - male).

Head teachers and teachers explained that they have internal school protocols for addressing sexual abuse, and that they would refer cases to other authorities as necessary. Many respondents acknowledged that there are special skills required to handle occurrences of abuse and some mentioned workshops or training they had attended concerning associated topics such as children's rights and HIV & AIDS, though none were specific to sexual abuse of persons with disabilities. They also mentioned non-government organisations as possible points of referral and advice.

Representatives of community level organisations such as Disabled Persons' Organisations and Faith Based Organisations tended to identify their core role as providers of emotional support and practical advice for survivors and their families. The church representatives talked about making use of expertise within members of their congregations, including people like teachers or those trained in counselling.

'The church does not have any special person or desk to deal with abuse; any reported case starts with the pastor who can then delegate to one of the congregation to handle it...' (Church Pastor - male)

Community organisations take on a role in which they have to 'police the police' in an effort to ensure they carry out their duties properly and without dishonesty.

Community level organisations also emphasised that they play an important role in overseeing and witnessing the actions of the formal authorities, especially the police. As noted throughout this report, the police service is not well trusted, and there is a sense that the community organisations take on a role in which they have to 'police the police' in an effort to ensure they carry out their duties properly and without dishonesty.

'We accompany the police to the hospital to make sure everything is done, then we attend when the police are taking the statement because that is important' (Disabled Persons' Organisation leader - female)

'The main concern here is making sure the system does not deny the victim the justice they deserve. In some circumstances I remain with part of the evidence in case the police, through corrupt practices, destroy it, for example dividing and photocopying the evidence which I can then produce in case the police evidence is corrupted,' (Senior Church Pastor).

The research findings concerning channels of reporting clearly indicate that if a survivor or their family is going to report an incidence of abuse, they will usually go to a local duty bearer as the first point of official contact. Therefore the knowledge levels and practices of community level authorities such as Village Elders and Assistant Chiefs in Kenya and Local Councillors 1 (LC1s) and Local Councillors 2 (LC2s) in Uganda, are very important. The research findings show that the knowledge levels of this group concerning sexual abuse and disability can be low and their approaches are often based upon traditional customs rather than current good practice and modern justice systems. For example Village Elders may not recognise the seriousness of sexual assault in law and therefore exceed their responsibility by choosing to negotiate a local settlement rather than involve the police. Importantly, opting for this process also deprives the survivor of proper emotional support and access to professional counselling.

However, the significance of the role played by local traditional systems of dispute resolution should not be underestimated. The use of these 'local courts' is still common and influential, especially in rural locations. The perceived benefit for victims and their families of using local systems, as opposed to the formal justice system, is that it is easy to access, and offers a relatively quick process. Also it does not require payment from the victim and the perpetrator is often instructed to pay compensation, however small, to the victim's family, which is not the case in the formal court system. The compensation payment to the victim often takes the form of an animal such as a goat. In addition the guilty party is expected to make a small payment to the members of the court, and this is obviously an incentive for them to retain cases within their own system.

These perceived advantages are often enough to convince victims' families that it is better to deal with an incidence of abuse through the 'local court' rather than pursuing the issue through the formal authorities and what they see as a long, costly and possibly corrupt process.

'At times the Village Elder may opt for reconciliation' [between perpetrator and survivor] rather than the long process of the law. I forbid this but nevertheless it is common for the case to be settled locally.' (Chief)

'At times the Village Elder may opt for 'reconciliation' [between] perpetrator and survivor] rather than the long process of the law.'

The perpetrator may be asked to bring a goat to cleanse the shamed family and probably pay a small fine of about Kenyan shillings 500 [\$4] with a warning that it should never happen again. The elders of the case will be given a small token for services rendered ... I may also add that this is preferred to the court process since in this one the family gets compensation while the court only jails the perpetrator and nothing for the victim or the family'. (Christian Faith Leader – male)

In the case of local councillors in Uganda they form committees of ten people which include a person with a disability. However this system does not necessarily safeguard against inappropriate local arrangements being imposed.

'For adults if the perpetrator agrees, an agreement is written or negotiated with parents and sometimes ends up in marriage' [between perpetrator and survivor] (Local Councillor 1-male).

'The parents of a disabled person can be given two bags of maize then they remain silent, and if there is nobody complaining, the case is dismissed.' (Special Education Teacher - female)

'It would help if Chiefs and Village Elders were trained and given guidelines on how to deal with sexual abuse.'

The low level of knowledge and poor practice concerning these issues at community level suggests that there is a significant opportunity to offer information and training to this stakeholder group (see Recommendations section 5).

'It would help if Chiefs and Village Elders were trained and given guidelines on how to deal with sexual abuse, I only do what I think is right or what I have heard one should do since I have never attended any training on how to deal with this issue' (Chief - male)

Inclusive services for persons with disabilities

Nearly all research respondents at all levels stated that in their work places they treat persons with disabilities in an equal way to non-disabled people. These statements were made to clarify the fact that they do not intentionally discriminate against persons with disabilities - these findings were open to potential acquiescence bias. However, these responses also exposed the fact that whilst professing to treat persons with disabilities equally, few service providers offer any form of extra assistance, therefore creating significant inequalities by omission. For example there were almost no examples of workplaces offering services to facilitate communication such as sign language or the use of Braille, large print, audio materials or easy read documents. A few research respondents acknowledged failings in this area and recognised that their services do unintentionally exclude persons with disabilities stated that:

Whilst professing to treat persons with disabilities equally, few service providers offer any form of extra assistance, therefore creating significant inequalities by omission.

'We treat the disabled victim in the same way as others but we do not have sign language for the deaf', (Junior Police Officer – male)

'When attending a workshop one disabled person said "when you people come to talk about HIV&AIDS and matters of sexuality, you don't invite us and I think it is because you don't believe we are sexually active, you don't even include sign language interpreters to assist those who cannot hear." So I agree that sometimes we assume a lot and are also to blame as service providers since we do not fully include the disabled people'. (District Social Development Officer - female)

On the other hand a small number of respondents made reference to the provision of special services to facilitate the needs of persons with disabilities amongst service providers;

'When they come to court we have those with mental challenge, the deaf, the blind. The court gives them special attention. If he or she is deaf the court will get an interpreter. (Probation Officer - female)

A senior police officer at the district headquarters in Uganda said they have a deaf interpreter and a special desk for sexual and gender based cases. Also a hospital nurse made reference to a concession they make for persons with disability at her hospital, saying:

'Nowadays we allow them [persons with disabilities] not to queue since we understand they may require more time when they travel to hospital or back home. We want to finish with them quickly so that they can travel home early enough.well not all of the staff will treat them with understanding but they are the minority'. (Community Health Nurse - female)

Very few respondents made reference to the topic of physical access provision to their workplaces. Even the most basic of such provision such as ramps and handrails or accessible toilets were hardly mentioned in interview responses about workplaces. Our field researcher in Uganda who is a wheelchair user experienced first-hand the difficulties with accessing many of the premises of people he needed to interview for the research. These included offices found in multi-storey buildings with no alternatives to using stairs.

Police in their workplace

The police service is central to the process of responding to the sexual abuse of persons with disabilities, yet our findings show that they are also the least trusted authority, and this mistrust contributes heavily to the reluctance of survivors and their families to report to them. For these reasons this section of this report will give more details about the interviews with police and their workplace attitudes and practices.

Persons with disabilities and their supporters frequently report that the police have 'a bad attitude' towards them and can be rude or dismissive with them. They also accuse the police of not following proper procedure and of improper conduct, including bribery and corruption. One Senior Police Officer addressed these points and provided a particularly candid and revealing research interview from which several quotes are cited below:

'It is unfortunately true ... some of our officers especially the uniformed officers are not conversant with investigation procedures and may not be friendly to the victims. They sometimes cover their ignorance by using derogatory language or intimidation.'

'There are individual officers in the uniformed police department who do not recognise human rights issues for the disabled and the children'

'There are individual officers in the uniformed police department who do not recognise human rights issues for the disabled and the children'

'I will also add that sexual abuse is a serious crime and is supposed to be assigned only to the CID department which has special skills and equipment for investigations. Again I am afraid it is not always so. I will also tell you this in the hope that your programme can do something about it; most sexual abuse cases are thrown out [of court] at the appeal stage due to lack of evidence or shoddy investigations, evidence will have disappeared or expired due to poor handling and witnesses and the victims are already tired of the case, but what can we do?'

'The investigation officer is sometimes bribed by the accused so that he makes a shoddy investigation which cannot sustain in a court of law and let me tell you that this is very common.'

The perpetrator, especially if it is an influential person or wealthy, is the main person who can influence the family, the court and the investigating officer including the witnesses.
(all the above - Senior Police Officer - male)

Although these research findings expose serious failings by the police, it was also noted that individual police officers also expressed frustrations with the survivors of abuse and their community members. Police complained that the survivors often do not want to involve the proper authorities and prefer to deal with the matter locally. The police stated that community members tend not to cooperate with them and often refuse to come forward as witnesses. The police also referred to the slow judicial process as a constraint to their work.

The protracted court cases which tend to be typified by cancellations and adjournments are a significant factor in victims and witnesses not wanting to pursue cases through the courts. Also, in Kenya, section 87A of the Criminal Procedure Code was described by police as 'ambiguous' and is often used to halt the progress of a court case if the police proper procedure has not been followed to the letter.

4.6 Guidelines, training and organisations

Awareness levels of guidelines and training

The research interviews endeavoured to gauge the level to which research respondents were aware of any guidelines or reference materials which might help them in tackling issues of sexual abuse against persons with disabilities. They were also asked about any special training which they had received or were aware of in this field. The research team made a search of existing guidance materials specific to the topic. Two practical publications were identified; a booklet entitled 'The Survivors Of Sexual Violence Management Toolkit' published by Women in Law and Development in Africa (2009) and a book called 'A Health Handbook for Women with Disabilities' published by Hesperian Foundation (2007). None of the research respondents made reference to either of these publications.

The majority of research respondents, particularly at community level, had never seen any guidelines or information materials relevant to the topic of sexual abuse of persons with disabilities, and none had received any specific training on the issue. Some, such as a Local Councillor 1 and an Assistant Chief cited overarching legislation such as human rights laws and the Constitution.

In some cases representatives of community organisations such as disabled persons' organisations referred to general training that they had received, such as training in community based rehabilitation, but they said that there was nothing specific on sexual abuse of persons with disabilities covered in their training and they had no written materials that they could refer to. Some faith leaders made reference to their religious texts as a source of guidance on difficult issues, and others said they 'just do their best' with what they have learnt from others and their own experiences. A few respondents from community level vaguely recalled seeing posters and information relating to the topic pinned on hospital walls and in police stations.

'We have no guidelines in handling this issue, that is why we have a problem dealing with it'. (Municipality Councillor for Disabled Women - female)

'I know the general guidelines. Most important is having sex without consent is illegal and contravenes Uganda's constitution'. (Local Councillor 2 - male)

'In our clan we have a written constitution as a clan. We teach people to understand for example having sex with a relative is a serious offence and can lead you to prison by facing the national law'. (Clan Leader - male)

Many of the professionals who were interviewed indicated that they have had some exposure to this topic, making reference to their professional training or college courses. Some, such as mainstream and special education teachers had attended seminars and workshops which included the topic of sexual abuse, and others said they had read books and journals on the subject.

Most of the medical professionals had a reasonable understanding of the protocols used in a case of sexual assault, such as the requirement to complete a medical examination within 72 hours, and to administer medication to prevent pregnancy and HIV infection. However none cited specific reference materials or publications.

'I have attended seminars and workshops that discuss sexual abuse, but I have not done any course on sexual abuse. The ministry of health does not have specific training on sexual abuse for clinical officers'. (Doctor - male)

The professionals working within the legal system were conversant with the procedures they had to adhere to in their work. They made reference to protocols such as the requirement that a woman officer interviews a woman who is alleging that she was raped. Police, probation officers and lawyers also cited the national Penal Codes and the Sexual Offences Acts.

A large number of research respondents said it would be helpful to have some simple reference guidelines. This was a request, not only from the community and local organisations, but also professionals such as teachers and doctors. One doctor explained that information is often printed in dense medical texts.

'There are guidelines on what to do for all medical conditions; the problem rather is the tedious way to get to them since they are in big medical books'. (Doctor - male)

This section of the research report highlights the need for more provision of appropriately designed information and training aimed at preventing and responding to occurrences of sexual abuse against persons with disabilities. The high prevalence rates together with the research which shows that persons with disabilities are 3 to 4 times more likely to experience abuse (Jones et. al. 2012), demonstrate a clear need for better provision of guidance and training suited to East Africa. Guidance and training is needed at all levels, but especially amongst community organisations and the lower level government officers such as Assistant Chiefs and Local Councillors, as they are often the first in line in responding to incidents of abuse.

Guidance and training is needed at all levels, but especially amongst community organisations and the lower level of government.

The need to develop and disseminate simple and accessible information materials is also discussed in Recommendations, section 5 of this report.

Awareness levels of support organisations

Research respondents were asked if they know of, or would refer to other bodies or organisations when dealing with incidents of sexual abuse of a person with a disability. They were also asked if they thought the organisations were strong or weak at providing services and support.

Most of the respondents with disabilities, and the representatives of community level organisations identified very local support groups which included: self-help groups, community based organisations, faith based groups and even individuals in their neighbourhood. Some respondents commented that NGOs are normally operating in towns, not in the villages.

Some research respondents said they were not aware of any specific organisations concerned with sexual abuse but most respondents representing the higher level services

named a mix of public and civil society organisations. Public bodies included; police, doctors, social services such as The Children's Department, The Probation Service and professional counsellors. Civil society organisations that were mentioned included: DPOs, Federation of Women Lawyers (FIDA), Coalition of Women Against Violence (COVAW), Society for Women and AIDS in Kenya (SWAK), Kituo Cha Sheria and APHIA II. In most cases the larger NGOs were organisations that people were aware of, but had not actually ever approached for specific assistance. Some of the organisations were mentioned because they were known as active development organisations who might have a broad human rights agenda, but in fact they were not strictly relevant to the research topic.

The majority of public sector services such as hospitals and social services were considered to be useful in dealing with sexual abuse cases, but opinions about the police were often cautionary. Many respondents stated that the correct route for reporting abuse is through the police but that officers do not always deal with incidents in the proper way and can often require money.

'.....cases of girls who are made pregnant are not well handled by the police'
(Anglican Church Priest - male)

A number of respondents made the point that responding to sexual abuse of persons with disabilities requires a multi-disciplinary approach and that individuals within different bodies must work together and contribute effectively for successful outcomes.

'.. sexual abuse needs a multi organisation approach, the organisations have an obligation to play their part with clear duties, but at times the officers in the organisations do not always cooperate, but I think that has more to do with individuals than the organisations'. (Doctor - male)

Individuals within different bodies must work together and contribute effectively for successful outcomes.

5. Recommendations

This section of the report is a synthesis of recommendations and potential interventions which have emerged from the research findings, including those which stakeholders identified from the data at the research analysis workshop. It also incorporates direct suggestions which were made by individual interviewees and members of focus group discussions when responding to the question 'Is there anything better or different that you think should happen in the situation when someone who is disabled experiences sexual abuse?' Most recommendations can contribute to efforts to both prevent abuse and to improve responses when abuse has happened.

Summary of recommendations

1. Prioritise interventions at local / community level. Build the capacity of 'front-line' community level officials and organisations with information and training.

2. Use multi-sector approaches, which ensure services work together and bridge the gap between the community and formal services like police and health-care.

3. Improve social attitudes to disability generally, by contributing to awareness initiatives which reach the general public.

4. Improve prevention of sexual abuse and support for survivors. Help families reduce risk and increase the recognition of the need for psychological and emotional support for survivors.

5. Fill the information and training gap concerning disability and sexual abuse. Families, organisations and service providers all require better knowledge.

6. Strengthen professional training, with curriculum modules on disability and abuse.

7. Influence the legal system, strengthen police practice and deter perpetrators by publicising sentences and successful prosecutions.

For all interventions use appropriate and creative media to suit the audience and ensure it is communicated in disability inclusive ways and formats.

Introduction to recommendations

The most common areas identified for recommendations and intervention were concerned with the need to improve attitudes towards, and perceptions of, persons with disabilities in general. This is a very broad aspiration which was sometimes expressed by research respondents in general terms, but was also often articulated as specific suggestions which are more useful in developing potential practical interventions. Other important themes for recommendations address the significant need for information and guidance, and better implementation of the law and ways of protecting and supporting persons with disabilities. It was emphasised by most respondents that these themes, and the others discussed below, should be considered most critically in the local (village /

community) context. This reiterates the research findings which show that most cases of sexual abuse stay in the community and do not reach the formal authorities; interventions are therefore likely to have most immediate positive impact if targeted at the local level.

Target local officials and organisations

Whatever the specific proposal for intervention, a large majority of respondents felt that interventions were most critically needed at community level. They repeatedly maintained that the local institutions and organisations are 'in the front line' of preventing and responding to sexual abuse of persons with disabilities. This comprises the community as a whole and also civil society groups such as women's groups, faith groups and disabled persons' organisations. It also includes appointed officials like Local Councillors 1 and 2 (in Uganda) and Village Elders, Clan Leaders and Assistant Chiefs (in Kenya). Research respondents therefore strongly recommended that this should be where the first efforts are made. Even professionals working at a higher level, in district hospitals for example, emphasised the need for community initiatives to come first.

A large majority of research respondents felt that interventions were most critically needed at community level.

'Most of these things [awareness raising] should be done in local areas because these disabled people are found in the locality and they need knowledge at that level'. (Doctor—male)

Local duty bearers expressed a feeling of disconnection from national organisations and service providers, and echoed the recommendation that awareness raising initiatives should be designed to directly target the community.

'I could suggest that if any organisations that deal with these issues are existing, they should come to the village level. We here are willing to be trained and support the community'. (Dispensary Nurse – female)

'There are many international and national organisations that are talking about abuse but they are not reaching the village level. It is more important to empower community based groups to be able to sensitize and raise awareness on these issues'. (Chief – male)

Improve community awareness and sensitisation

Many recommendations for local interventions were described in general terms as 'awareness raising' or 'sensitisation' both about sexual abuse and associated disability issues. The implication is that the community as a whole should be targeted, including local duty bearers. There are many ways to impart this information and knowledge to the community, including video, songs, drama and community meetings. The choice of language and ways of challenging or adapting cultural norms should be carefully considered, as well as the means by which people with communication impairments will be included.

Use multi-sector approaches

An important observation from the research findings, which was especially apparent from the two research workshops, was that an integrated, multi-sector approach is essential for delivering services to prevent and respond to cases of sexual abuse. The obvious need for collaboration is between the police and the healthcare services, but the additional gap that should be better recognised and better bridged is between the community (families, Village Elders, clan leaders etc) and the formal services. When all the parties are working together the support and counselling for the victim is greatly improved, and the perpetrators are more likely to be brought to justice.

'A multi discipline team that includes all interested parties should be developed to deal with sexual abuse at all levels'. (Special Education Teacher - female)

'A better teamwork approach..... better cooperation between stakeholders and ensuring proper follow up of victims'. (Doctor -male)

'A multi discipline team that includes all interested parties should be developed to deal with sexual abuse at all levels'.

This approach can be achieved by bringing together all the relevant parties within a location, and holding a small workshop to share expertise and experiences of the issues, and to establish protocols and commitment for local prevention and response strategies. Advantage Africa and Kibwezi Disabled Persons' Organisation have piloted such an approach with considerable success in Eastern Kenya (See 'Interventions initiated as a result of this research' section below).

Improve social attitudes towards persons with disabilities

A central finding in this research was the overwhelmingly negative views about persons with disabilities. Although there is some limited evidence of positive change, especially amongst professional service providers, negative and damaging attitudes broadly persist. These social attitudes affect all aspects of life for persons with disabilities, including the rates of sexual abuse and the way key stakeholders deal with reports of abuse. It's beyond the scope of these research recommendations to comprehensively address the broad topic of shifting social attitudes towards disability, but some contributory approaches can be recommended.

Attitudinal problems exist in the population at large, and they are not caused by persons with disabilities. Therefore education and awareness initiatives which reach the general public can gradually shift perceptions about disability. These type of interventions can take place at a number of levels, from communities through to professional settings, and can be delivered through various media, from community meetings or drama performances, to radio programmes or formal training. (see section on Means of communication below). Projects with school children who are still developing their social attitudes could be particularly successful. The research also showed that persons with disabilities who are socially and economically well integrated and visible can help to shift the stereotypical negative perceptions that other people may otherwise adopt. Role models such as business owners with a disability and community leaders can challenge and transform widespread misconceptions about what persons with disabilities can achieve.

There is also a clear role for national and regional political leaders and opinion formers to make the case for equal rights, including the right to relationships and sexual lives free from abuse, and to implement policy accordingly.

Strengthen support for survivors of sexual abuse with disabilities

When sexual crimes are committed there is a tendency for all efforts to be focused on the arrest and prosecution of the offender. This is of course important and a number of NGOs are engaged in ensuring that test cases are successfully prosecuted in the courts. However the survivor of abuse is not compensated by the court and therefore more emphasis should be placed on the rights and support services available to them, whether or not there is a prosecution. Research interviewees had limited awareness of the type of support services that exist, and professional counselling was hardly mentioned as a necessary service. (The word 'counselling' is often used loosely to mean a sympathetic chat and some advice from a friend). Understanding and recognition of the need for psychological and emotional support for survivors of abuse should be increased. The rights of the survivor should be better prioritised in response to sexual abuse, which may have been long term or historic. A suggested intervention could be for survivors to form their own support groups, and to include professional counsellors in the groups. Advantage Africa is piloting such a group in Eastern Kenya at the time of writing (see section 6, 'Interventions Initiated as a Result of this Research').

Understanding and recognition of the need for psychological and emotional support for survivors of abuse should be increased.

Other recommendations which featured in the research data were for the provision of a confidential telephone support hotline (note - Childline in Kenya and the National Child Helpline in Uganda already exist). There were also calls for more emergency rescue centres for survivors of abuse who have to escape from their home, as well as a central resource institution, although the Gender Recovery Centre in Nairobi could be seen as fulfilling that role in Kenya.

'Centres must be set up to handle victims'. (District Probation Officer - female)

'We should have an institution where this kind of issue can be dealt with on a serious level'. (Assistant Chief – male)

Promote self-help groups of persons with disabilities

The formation of self-help and support groups by persons with disabilities is strongly recommended as a very successful means of sharing advice, reassurance and peer support for them and their families at local level. These groups also act as a forum for sharing information and advice on all areas of life, networking with other agencies and as a collective force for self advocacy and securing human rights. Advantage Africa and Kibwezi Disabled Persons' Organisation are piloting a local survivors group in eastern Kenya as well as working with more than ten village self-help groups of persons with disabilities.

Reduce risk

The research findings suggest that there is scope to produce information and advice for persons with disabilities and others, on ways to act which might reduce the risk of sexual abuse. This advice could include some self-defence strategies in the case of attack, and taking reasonable precautions to avoid situations of risk. This however is a contentious topic as it should not be taken to imply that the victim's behaviour is in some way responsible for an offence, which is never the case.

There is scope to produce information and advice for persons with disabilities and others, on ways to act which might reduce the risk of sexual abuse.

'Stop sending children to collect water late at night'. (Primary School Head Teacher – male)

'Sensitise the community and all types of disabled people e.g. don't walk at night, be in a safe place, don't move alone, don't familiarise with people pretending to be sympathisers'. (District Councillor for Disabled Men - male).

Some parents were criticised for not understanding the rights of their disabled children, and in some cases for treating them with discrimination, neglect or cruelty. Therefore information and awareness raising initiatives which target parents could have a positive impact, especially if it increases the numbers of children with disabilities attending school and ultimately becoming more socially and economically included. This will have a significant impact on reducing the risk of abuse and other rights violations.

Improve provision of information materials and training

The research findings concerning guidelines and training clearly indicate that people are largely unaware of the existence of useful information materials to guide them on the subject of sexual abuse and have not received any specific training. This was identified as a need at all levels, but again, was most acutely needed at community level where many interviewees said they had 'no' information or guidelines.

'If I can meet somebody with some guidelines, I'm ready to comply in order to have peace in my area'. (Village Elder – male)

'No I haven't [seen any guidelines] if there is one then it would be useful in this community' (Catholic Faith Leader – male)

Research respondents from the professional services made reference to their work specific training and reference literature, but also conceded that much of the information was 'hidden away' in dense volumes, and not presented in easy to use formats.

'I can say there are guidelines scattered in many places but not put together in a 'how to' easy to use booklet'. (Special Education Teacher - female)

'All service providers should be given some training about sexual abuse..... I think also all service providers and leaders should be trained on disability issues'. (Community Health Nurse – female)

'In general we don't have qualified service providers to deal with persons with disabilities. They all need to be trained'. (Leader, National Disabled Persons Organisation – female)

There is a pressing need for interventions to fill this information and training gap which exists at all levels from families through communities to the whole range of professional institutions. The exact content and means of conveying this information would need to be tailored to suit the different target audiences and may involve training, backed up by printed and other resources. One straight forward and important practical intervention would be the production of a simple information booklet for persons with disabilities and their families, which offers them clear guidance on steps to take if they experience sexual abuse and their right to services and support. (Advantage Africa have now developed such a product – see 'Interventions initiated as a result of this research' section below).

Suggestions of other audiences which could benefit from targeted information were identified in the research data. These included medical staff who could benefit from simple reference materials and guidance on best practice in the provision of services to persons with different types of disabilities. Teachers were also identified as a group especially well placed to receive information and training about how to identify children who at risk or are being abused. Research findings also showed that faith organisations could be a good target group for information and training in identifying and responding to abuse. Representatives of faith based organisations are embedded in the community and do receive reports of abuse. Currently however they are not well equipped with appropriate knowledge, and our research respondents from faith organisations expressed a willingness to upgrade their awareness and understanding of the issue.

Faith organisations could be a good target group for information and training in identifying and responding to abuse.

'I would be happy to be trained on sexual abuse issues since sexual abuse of the disabled is in the community and many people do not know what to do'. (Muslim leader – male)

'The church should develop a strategy to deal with sexual abuse'. (African Inland Church Leader - male)

Develop professional training curriculums

Research findings indicated that the issues of sexual abuse and disability are not properly integrated into the professional training of service providers (teachers, healthcare staff, police etc). There is a significant opportunity for interventions to be introduced at this level. Curriculum materials and teaching modules need to be developed to properly respond to the growing awareness of sexual abuse, and its prevalence against persons with disabilities. Advantage Africa has partnered with Kenya Institute of Special Education to start to make improvements to the training of special education teachers with regard to sexual abuse (see section 6, 'Interventions Initiated as a Result of this Research').

Use appropriate means of communication

The question of which media to use to raise awareness and impart knowledge about sexual abuse and disability was mentioned by some research interviewees. It was also debated by the research team and advisory group of persons with disabilities during the analysis workshop. Given the sensitivity of the topic it is clearly important to hit the right tone, and to use appropriate words and imagery in communication media. The local language should be

used in most settings and inclusive formats should be employed (sign language, Braille, audio formats and easy-to-read text etc.) to ensure that people with certain impairments are not excluded.

'Information should be developed so that it is easy to read, and accessible to all including those who cannot read and even for the blind'. (Special Education Teacher – female)

'A quick reference material on what needs to be done. This should be for both service providers and society'. (Social Development Officer - female)

The research analysis workshop session on media options resulted in a table of options for appropriate communication methods dependent upon the audience. The list of possible means of communication were:

- Drama, puppets, songs, poems and stories
- Community meetings (including multi-sector audiences)
- Local champions, support groups, self-help and parent groups
- Leaflets and booklets, using simple / local language and pictures
- Videos
- Radio, national and local, including local language talk-shows and phone-ins
- Television news features and programmes
- Formal training courses
- Press releases
- Newspaper features and articles
- Social media
- Text messaging and smart phone apps
- Policy briefings
- Advocacy events, campaigns, banners, posters, badges, T-shirts etc.
- Billboards

Some research interviewees stated that:

'They should provide community training or sensitisation, radio programmes, posters, TV and journals'. (Senior Clinician, public hospital – male)

'Get sensitisation on radio and TV'. (Clan Leader – male)

'Locally a lot of civil education should be done through poster, radio and other media'. (Education Officer for Disability- male)

Influence the legal system

Many respondents recommended that the legal system be improved to ensure that many more perpetrators of sexual assaults are arrested and properly dealt with by the justice system. As discussed in the research findings, systemic failures in the legal system are a major reason why only a small number of offenders are prosecuted in court, and why reporting rates are low and re-offending rates high. These failures are a constraint in most criminal cases in East Africa, but the failures can be more acute and damaging in sexual offences and even more so when a person with a disability is the victim.

It is recommended that appropriately designed information be made available concerning the proper conduct of the police and what services should be expected from them.

Recommendations which demand 'an improved legal system' represent fundamentally important long term goals, but are beyond the scope of this report. However more specific improvements may be achievable in a shorter time-scale. Specifically, it is recommended that appropriately designed information be made available concerning the proper conduct of the police and what services should be expected from them, including their treatment and attitudes towards victims of sexual abuse, with or without disabilities. This information would not only be useful for survivors of abuse and

their families, but also as a source of clear information for duty bearers in the community (e.g. Village Elders, faith groups Assistant Chiefs and CBOs) as well as formal service providers such as hospitals and the police themselves (also see section below – 'Interventions initiated as a result of this research').

Other specific measures to facilitate persons with disabilities to have equal access to the legal processes are recommended. The research findings showed that the provision of communication services such as sign language is uncommon and inconsistent. The provision of reliable sign language services at police stations and in court (as well as at other service providers) are therefore recommended.

'An interpreter for the deaf is needed when taking a statement, their language can easily be misunderstood'. Only senior and more experienced officers should take the victim's statement to avoid discouraging victims from coming to report to us, and for us to build the confidence of disabled people'. (Senior Police Officer – male)

Additional provision for persons with disabilities in court was also called for. Although it is unlikely that many research interviewees had had direct experience of the court in action, many expressed a perception that the process was long, entailed expenses and could be corrupt. Whatever the perceptions, testimony in court concerning sexual offences is always a daunting prospect, and for people with communication impairments or intellectual disabilities it is all the more intimidating and potentially traumatic. Courts should make appropriate allowances wherever possible within the law to facilitate fair and just proceedings. It was recommended that this includes using testimony by video where appropriate.

People don't like talking about sexual abuse cases in court. It's considered by some people as a public forum. Magistrates deal with all other cases in a given session then they continue to conduct sexual offense cases in the same crowded court room. Cases involving children are heard in 'camera' [video testimony] which is quite fair'. (District Probation Officer - female)

Understand punishments

A significant number of research respondents called for severe punishments for those that are convicted of sexual assault, and some recommended more severe punishments for those that commit offences against persons with disabilities.

'Government should come up with strict laws supporting disabled people. I would be happy

if one is sentenced for life imprisonment. This would be a good move in eradicating such acts. I am convinced that life imprisonment would scare away those anticipating sexual abuse of the disabled'. (Local Councillor 2 - male)

'Government should use an iron hand in handling perpetrators who abuse the disabled'. (Leader – Disabled Persons' Organisation - male)

It was not clear from the research data, to what extent the respondents recommending severe punishments were in fact aware of the existing sentencing powers of the courts. Courts do already have authority to hand down long prison sentences, especially in the case of defilement (rape of a child) and in Kenya assaults against persons with intellectual disabilities can be more severely punished.

'With cases of sexual abuse, I have seen the offenders not spared by the law. Some of them are sentenced for life'. (Lawyer – female)

Therefore the recommendations made for harsher penalties may be more to do with the frustrations of low conviction rates and the perception that people are seeing many lawbreakers 'getting away with it'.

Publicise sentences and convictions

Many perpetrators and potential perpetrators of sexual assault are ignorant of the law, and may be influenced more heavily by local cultural and social norms when forming their attitudes and regard for deterrents. It is therefore important to publicise the recommended sentences for sexual offences so that potential perpetrators are aware of how seriously the law views these cases.

In addition to making people aware of possible punishments, if the law is to act as a deterrent, then successful prosecutions of perpetrators must be widely publicised. As well as deterring potential offenders, this will give reassurance that action is being taken and that not all offenders are treated with impunity, as is commonly believed.

It is important to publicise the recommended sentences for sexual offences so that potential perpetrators are aware of how seriously the law views these cases.

6. Interventions Initiated as a Result of this Research

The following interventions have been initiated by Advantage Africa and partners to start addressing the research findings and recommendations:

Guidance booklet

The booklet is entitled, 'What To Do in the Case of Rape or Sexual Assault'. This booklet has been produced by Advantage Africa and Kibwezi Disabled Persons' Organisation to contribute to filling the gap in information materials. The booklet is presented in a simple and clear format and aims to support victims of sexual abuse and their families to understand their rights and understand what services are available to them. The booklet is also a useful source of summary information for duty bearers in the community (e.g. Village Elders, faith groups Assistant Chiefs and CBOs) as well as formal service providers such as hospitals and the police (see appendix 5).

Advocacy Posters

A series of three posters have been designed by Advantage Africa as a contribution to raising public awareness and advocacy concerning the issues of disability and sexual abuse (see appendix 6).

Community multi-sector response group

This approach has been piloted by Advantage Africa and Kibwezi Disabled Persons' Organisation and was a development of the research start-up workshop which took place in Kibwezi town eastern Kenya. As a result of this intervention we have already seen positive impact in the form of a swifter and more effective response to an incident of abuse which took place a few weeks after the workshop. The approach was also selected for an international call for '*good practices on the elimination and prevention of and response to violence, abuse and exploitation of women and girls with disabilities*' - June, 2014. Handicap International representatives of the 'Making It Work' project have visited Kibwezi (Jan 2015) to review this good practice since this submission was approved.

The approach is a simple one. It is to gather together in a meeting / workshop all local stakeholders with an interest or responsibility in supporting persons with disabilities who are survivors of sexual abuse and to increase the chances of perpetrators are brought to justice. The workshop participants should include family and close associates of the survivors (or survivors themselves if they are willing and properly supported), village level duty bearers (Village Elders and assistant chiefs) and community based organisations (faith groups, disabled persons' organisations, women's groups etc) , NGOs, police, health practitioners, government officials, and, if possible, lawyers and the judiciary.

The workshop should be conducted in a spirit of mutual responsibility and support between participants rather than attempting to attribute blame or censure for any past failures. The workshop can take place at a central venue in the community and at a time when all stakeholders are available.

The workshop should be conducted in a spirit of mutual responsibility

The participants are facilitated to critically explore the following topics:

- Experiences of incidents of sexual abuse against persons with disabilities, including accounts from survivors and support organisations such as DPOs (with proper confidentiality and ethical safeguards).
- Recognition of the likely prevalence of sexual abuse against persons with disabilities and the range of survivors and perpetrators (ages, gender, social standing etc).
- The factors which allow perpetrators to act, and repeat their offences (social, cultural and institutional).
- The reasons why survivors and witnesses can be reluctant to report abuse.
- Consequences for perpetrators – perceptions of the seriousness of sexual abuse in the community.
- Identification of the correct response from service providers and community members at all levels – from domestic level through local institutions (medical / police etc) and to the judiciary.
- A call to action: Pledges from all stakeholders to collectively make improvements to prevention and their responses to future incidents of abuse. The call to action will put all stakeholders at a state of readiness to respond expertly and collectively when future incidents of abuse are reported locally.

Community drama group and information sheets

A community drama group known as Twaweza (translated as 'We Can') was formed by Advantage Africa and Kibwezi Disabled Persons' Organisation. The group comprises actors with disabilities and family members of persons with disabilities. They have developed short drama performances to raise awareness about sexual abuse and disability (along with other topics) and with new funding from the Evan Cornish Foundation they have performed in local schools and communities in Makueni County. The group members are also part of the research dissemination team.

Printed handouts were designed and distributed to schools and the community as part of the drama group's awareness raising initiative (see appendix 7 for the design).

Survivor support group

A local survivors' support group has been piloted by Advantage Africa and Kibwezi Disabled Persons' Organisation. The group meets in Kibwezi bi-monthly and has nine survivors of abuse with disabilities and is led by a local counsellor and nurse.

Appendices

Appendix 1: Topic guide for individual interviews

Intro – recap on aims of the research, ethics, consent, anonymity etc. The interview will last about 1 hour.

I am interested in your views and experiences in your role as a (Doctor, Teacher, Lawyer, Faith Leader, DPO Leader etc.) There are no right or wrong answers so please feel free to tell me your thoughts.

There will be 8 sections that we will discuss and then a chance for you to add anything else you think of at the end. Then I will ask you to fill in a short questionnaire.

1. I'm interested in your thoughts about how persons with disabilities are generally viewed around here.

Prompts:

- What are the main attitudes and beliefs about them?
- Do you think disabled people are regarded as equal members of the community or as different? If different in what ways?

How do you think people in your work setting/group (e.g. hospital/police station etc.) regard disabled people?

2. Now let's think about local ideas about disabled people and sexuality in this community

Prompts:

- Are disabled people seen to have the same rights to a married life and to be sexually active as other people? Why or why not?
- What are the ideas of the community about this kind of issue?

What do you think people in your profession think about this issue?

3. Now, how common is it for disabled people to suffer sexual violence or other kinds of violence or abuse?

Prompts:

- o You can think about adults and children and also males and females
- o Do you think disabled people are more at risk of sexual abuse than other people? If yes – why is that? If not, why not?
- o Is it different for boys/men vs girls/women?
- o What about comparing persons with different types of disability? E.g. persons with physical difficulties, or slow learners, deaf or blind or having mental illness (madness), or epilepsy or albinism for instance?

4. Do you think there is anything generally about society round here that makes sexual abuse of disabled people more or less common?

Prompts:

- E.g. people's beliefs or attitudes or behaviours

5. What usually happens in (your workplace) if a case is brought/reported involving a disabled person and some kind of sexual abuse?

Prompts:

- Who would deal with this kind of situation? (is there one person responsible for such cases or could it be any of you?) Is it dealt with by someone of a particular seniority?
- Is it different for men vs women, children vs adults?
- Have you or any of your colleagues had any special training about this at all?
- Do you think dealing with this kind of thing needs any specialist skills? If yes – what kind of skills?

- Would you feel confident and comfortable with dealing with this kind of thing or not?
 - Do you usually refer on to any other organisations/agencies/groups to help deal with this? If so who? Under what circumstances would you contact other people?
6. **Are there any special information (guidelines) about what you should do in this situation? If yes what do you think of them? Necessary/not necessary, Helpful/ not helpful? Are they used?**
 Prompts:
- o If no guidelines – what do you think of that idea? Do you think some should be developed?
 - o Do you know if there are any national or international guidelines about this topic for your profession? Do you think there should be?
 - o Have you ever seen or heard any advice/guidelines for victims of abuse
7. **Do you think any organisations/agencies/individuals are particularly good or bad at dealing with this issue?**
 Prompts:
- Are you aware that anyone (e.g. doctors, teachers, police, preachers, government officials or anyone) has special training in this area of work? If not do you think they should?
 - Have you ever seen or heard any advice/guidelines for victims of abuse?
8. **Is there anything better or different that you think should happen in the situation when someone who is disabled experiences sexual abuse?**
 Prompts:
- For example by your organisation/agency or others?
 - Which other organisations/agencies/individuals do you think should be involved with this issue?
 - Do you think there are things to be done locally or at a regional or national level?
9. **Is there anything else you would like to tell me about this topic? Anything we haven't covered?**

=====

Close – Thanks for participating

Now here is a quick reminder about what will happen to the information you have given me. Your real name and details will be removed and we will look at what you said alongside what other people we have talked to said and make a summary of it all. Is there is anything that you have said today that you don't want us to use in the report?

At the end of the study a written report will be produced and some suggestions for training and interventions and possibly changes in practice maybe made. If you would like a copy of this report or a short summary please tell me.

Many thanks again for taking part in our study!

Appendix 2: Topic guide for focus group discussions

Intro – recap on the aims of the study, ethics, consent, anonymity - see our notes

This discussion will last for about 1 ½ hours.

I am interested in your views and experiences in your role as disabled person / parent of a child with disabilities

There are no right or wrong answers and we want everyone to have an equal chance to speak. If someone says something, you can think about whether you agree or disagree and then give your opinion. You might have example or experience to tell us which will add to the discussion.

There will be 9 sections that we will discuss and then a chance for you to add anything else you think of at the end.

1. I'm interested in your thoughts about how people with disabilities are generally viewed around here.

Prompts:

- What are the main attitudes and beliefs about disability?
- Do you think disabled people are regarded as equal members of the community or as different? If different in what ways?

2. Now let's think about ideas about disabled people and sexuality in this community

Prompts:

- Are disabled people seen to have the same rights to a married life and to be sexually active as other people? Why or why not?
- What are the ideas of the community about this issue?

3. Now I'd like to know your ideas about how common it is for disabled people to suffer sexual violence or other kinds of violence or abuse?

Prompts:

- Can you think about whether this happens to adults or children and is it mainly to males or females?
- Do you think disabled people are MORE at risk of sexual abuse than other people? If yes – why is that? If not why not?
- Is the risk more for boys/men or girls/women?
- What about comparing people with different types of disability? Do some people suffer from this more than others? e.g. people with physical difficulties, or slow learners, deaf or blind or having mental illness (madness), or epilepsy or albinism

4. Do you think there is anything about society round here that makes sexual abuse of disabled people more or less common?

Prompts:

- E.g. people's beliefs or attitudes or behaviours

YOU COULD HAVE A REFRESHMENT BREAK AT THIS POINT!

Give everyone a chance to stretch their legs and have a short break!

5. What usually happens around here when there is an incident involving a disabled person and sexual abuse?

Prompts:

- Is the action taken different for men vs women, children vs adults?
- Who would be the main people to deal with this kind of situation?
- Who would the person or their family go to for help?
- Which organisations/agencies/individuals in the community will be involved?
- What would normally happen next?

- What would be easy in dealing with situation?
- What would be difficult?
- What are the barriers to getting a good solution to the problem?

6. Do you think any organisations/agencies/individuals are particularly good or bad at dealing with this issue?

- Are you aware that anyone (e.g. doctors, teachers, police, preachers, government officials or anyone) has special training in this area of work? If not do you think they should?

- Have you ever seen or heard any advice/guidelines for victims of abuse?

7. Do you think disabled people get the same justice as other people? If not why not?

- What factors do you think make this level of sexual abuse continue to happen around here?
- Why do you think sexual abuse of disabled people is often not reported?
- Why are conviction rates for perpetrators so low here?

8. Is there anything better that you think should happen when a disabled person experiences sexual abuse?

Prompts:

- E.g. by particular organisations/agencies/individuals?
- Which other organisations/agencies/ individuals do you think should be involved with this issue?
- Do you think there are things to be done locally or at a regional or national level?

9. Is there anything else anyone would like to tell me about this topic?

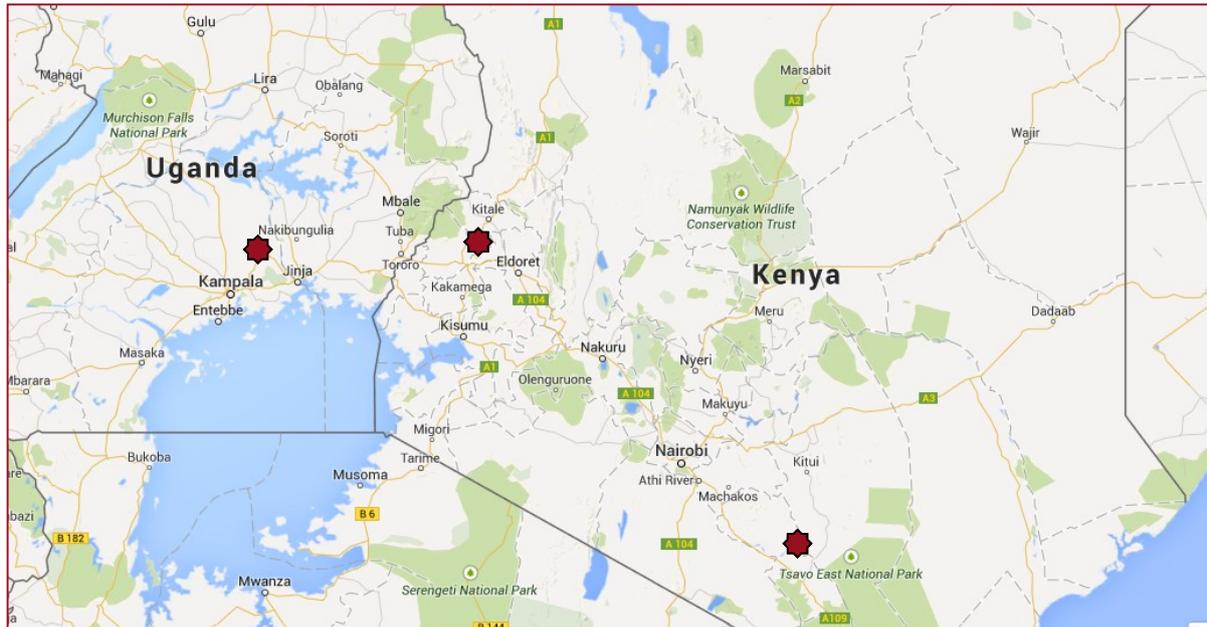
Close – Thanks very much for participating

Reminder about what will happen to the information you have given me. Everyone's real names will be removed and we will look at what you all said alongside what other people we have talked to said and make a summary of it all. Is there is anything that anyone has said today that you don't want us to use in the report? Please tell me.

At the end of the study a written report will be produced and some suggestions for training and interventions and possibly changes in practice maybe made. If you would like a copy of this report or a short summary please tell me.

Many thanks again for taking part in our study!

Appendix 3: Map of research locations



★ Research locations

Appendix 4: Photographs from the project

Below is a small selection of photographs, mostly from the project workshops. Interviewees and focus group participants were not photographed for reasons of anonymity.



Elijah Musenyente presenting at the project Start-up Workshop March 2014.



Discussion with advisory group of persons with disabilities at the project Start-up Workshop.



Representatives of the professional services (Police Officer, Doctor, Senior County Administrator, Counsellor) taking questions -project Start-up Workshop.



Initial thematic data analysis taking place in the UK.



Further data analysis at Mid-project Workshop November 2014.

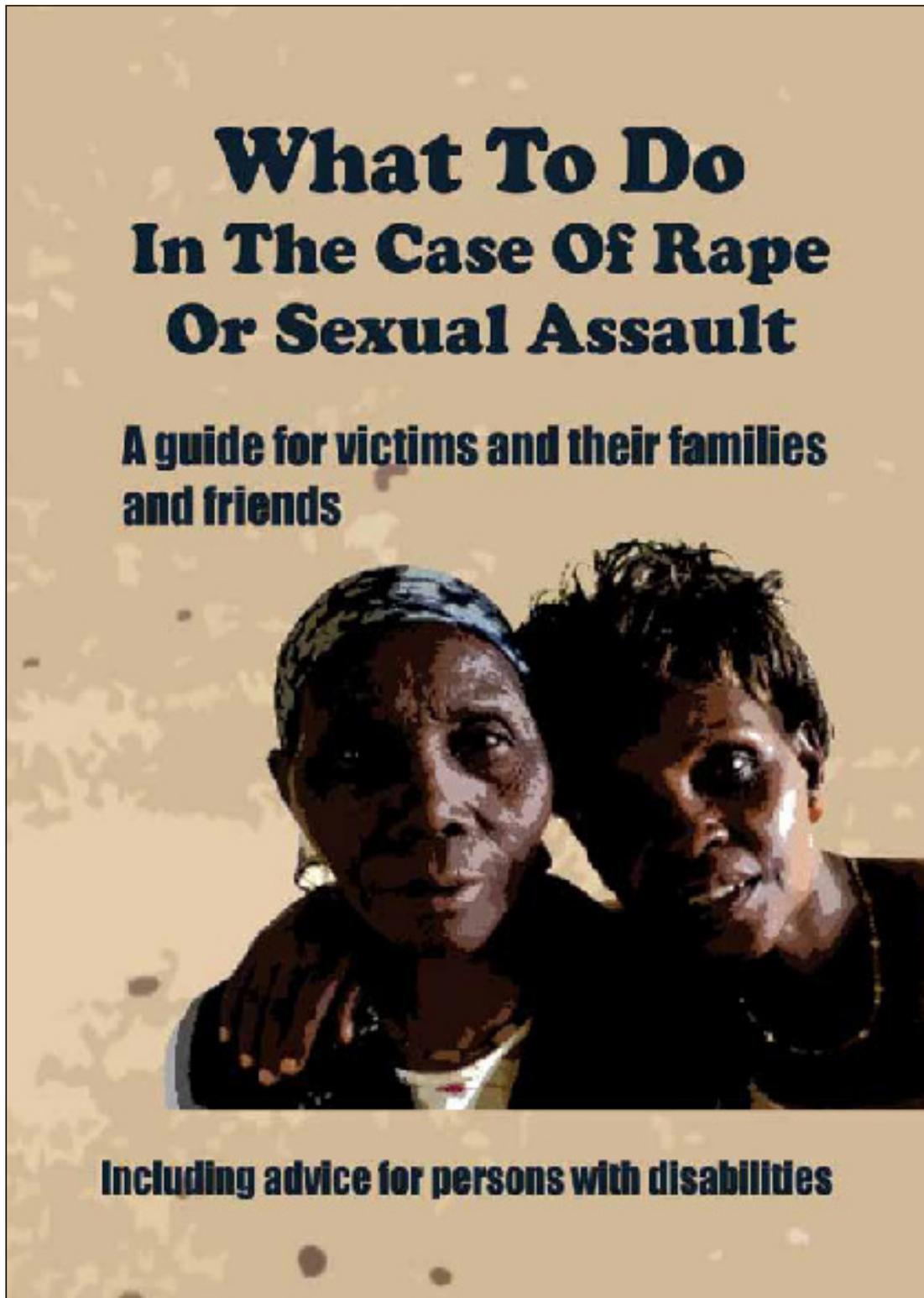


Example of one of many completed data analysis sheets from the Mid-project Workshop



Group photograph at the end of the Mid-project Workshop

Appendix 5: Guidance booklet



Appendix 6: Advocacy posters

most sexual violence is NOT REPORTED

Why ?

- Threats from perpetrators
- Survivors with disabilities are not taken seriously
- Survivors' sense of shame & community shame

New research project:
An Assessment of the Social, Cultural & Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa

Find out more at:
www.advantageafrica.org/files/a-research.pdf
rob.aley@advantageafrica.org

Advantage Africa pathways out of poverty

KDPO Kenya Disability Partnership Organisation

FIRAH International Foundation for Applied Disability Research

Working together to tackle sexual violence against persons with disabilities

the problem is NEGATIVE ATTITUDES towards persons with disabilities

“ In this village people do not consider rape of a person with a disability to be a serious crime; the theft of a cow is seen as more serious ”

“ Men visit women with disabilities under cover of darkness & leave before sunrise in the morning, but once the woman becomes pregnant the men are nowhere to be seen ”

“ Village courts mistakenly try to deal with serious criminal abuse. They think that petty compensation like the exchange of a goat can be a substitute for justice. The community see the perpetrators getting away with serious crimes ”

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Advantage Africa pathways out of poverty

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persons with disabilities 3X more likely to be sexually abused

Persons with disabilities are:

- Seen by perpetrators as easy & safe targets
- Vulnerable because they are left out of education & employment
- Not respected by society & there are mistaken beliefs that they have healing powers

New research project:
An Assessment of the Social, Cultural & Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa

Find out more at:
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Appendix 7: Information sheet for schools

Know the Facts About Child Abuse

What is Child Abuse?

Child abuse is the harming or hurting of a child.

There are 5 types of child abuse:

1. Physical abuse – for example beating a child.
2. Sexual abuse – for example touching a child’s private parts.
3. Neglect - not caring for a child properly, for example not sharing the family’s food.
4. Emotional abuse - for example using words to make a child feel scared, threatened or stupid.
5. Exploitation - for example removing a child from school and forcing them to work instead.

All girls and boys should be protected against violence and abuse

Child abuse is wrong, but it is common.

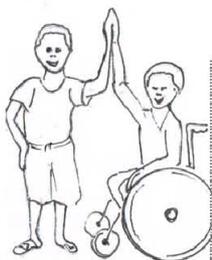
1 in 4 young people in Kenya have been victims of abuse*

Women and girls have the same rights as men and boys

If you, or someone you know is being badly treated, don't keep quiet tell an adult you trust



Children with disabilities have the same rights as others



It is ABUSE if anybody touches your body in places you do not want them to

A girl's body is her own property; it does not belong to anyone else

A woman is not the property of her husband

Abuse can be in the form of words, shouting or threats which cause fear or hurt



For confidential support or advice concerning child abuse, whether you are a child or an adult, call KDPO on 0721999507.



*Violence Against Children in Kenya: Findings from a 2010 National Survey, UNICEF 2010.

