

# Summary 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....'.*

## 1. Overview

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 people 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.

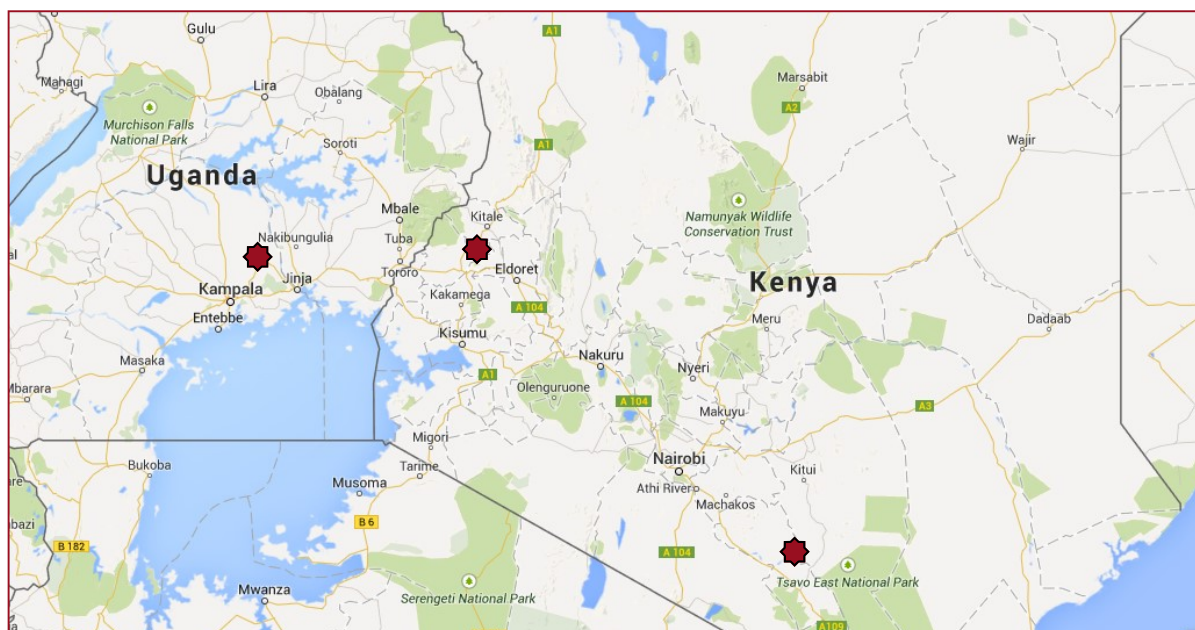
The overall findings show that social attitudes and understanding of disability and sexuality in general are strong influencing factors on the risks that persons with disability face in relation to sexual abuse. Participants reported a range of harmful attitudes and beliefs about disability and about 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. Methodology

Following the establishment of the research team and research tools, a literature review was undertaken followed by primary data collection from a range of different stakeholders in eastern Uganda, western Kenya, and eastern Kenya.

### 2.1 Range of Stakeholders

Investigations of the factors affecting prevention and responses to sexual abuse, would typically focus on the performance and capacity of formal service providers including the police, judiciary and health-care services. This research was extended to include local organisations and duty bearers at community level such as faith organisations and traditional leaders who are frequently the first people called on to assist in cases of abuse.



★ Research locations

A total of 52 structured interviews were undertaken (54% with formal service providers and 46% with local community level responders), along with nine focus group discussions. These involved a further 67 persons with disabilities and parents of children with disabilities. A process of qualitative thematic analysis was used to sort and analyse the primary data.

Two 4-day workshops were also conducted over the course of the research. One at the start-up and planning stage and the second mid-way through the project. The second workshop, involving the research team and other key stakeholders was used to further analyse and validate the data. Emerging recommendations and interventions were also identified.

## 2.2 Participatory approach

The active involvement of persons with disabilities was central to the research design. An advisory group of six persons with disabilities provided overall guidance throughout the project and three members of the research core team were researchers with disabilities.

## 3. Views on Prevalence of Sexual Abuse of Persons with Disabilities

This research was not designed to quantify the prevalence of sexual abuse of persons with disabilities although views about how common it is were collected from research respondents. Over 80% of the interview respondents stated that sexual abuse of persons with disabilities is common or very common, with some suggesting that it is 'taken as normal' or 'rampant'. This response was corroborated by findings from the literature review including research from Liverpool John Moore University in 2012<sup>1</sup> which indicated that 'Children with disabilities and adults with mental health conditions are almost four times more likely to experience violence than people who do not have a disability'. It was also observed that any data about prevalence rates collected from formal service providers such as the police and health-care professionals alone is likely to significantly understate the

numbers. This is because our findings suggest that most cases of abuse do not get reported to the formal services but remain concealed in the family or community.

## 4. Attitudes and Perceptions

The overarching research findings indicated that beliefs and attitudes about disability in the project communities were overwhelmingly negative. These views were expressed by 90% (47) of those interviewed and 100% of the 67 focus group participants. Research respondents with disabilities described themselves as being 'hated', 'despised' and 'ridiculed'. There were other respondents that described 'paternal' or 'protective' attitudes which these could be disempowering. Some interviewees were more positive, feeling that attitudes were slowly improving.

### 4.1 General perceptions

At community level, persons with disabilities are frequently seen as dependent and non-productive and therefore a problem or burden. Disability can also be associated with punishment for previous immorality. This lack of trust or compassion is illustrated in rituals such as funerals where persons with disabilities may not be shown the same respect as others. Faith also plays a significant part in how people form their attitudes about issues concerning disability.

*'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)*

If persons with disabilities are employed, they are more likely than non-disabled people to suffer exploitation, manipulation and unequal conditions.

*'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'. (Leader of Disabled Persons' Organisation—female)*

### 4.2 Attitudes towards sexuality and persons with disabilities

Sexuality is not generally discussed openly at community level and this taboo is further compounded when combined with disability. Furthermore, sexual relationships between persons with disabilities or between a person with a disability and a non-disabled partner tend to be viewed with suspicion and mistrust.

Several other specific negative perceptions or practices around sexuality were raised by both community level and formal service level respondents. Persons with disabilities are sometimes perceived by others to not be sexually active and therefore virgins.

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

People wrongly assume that persons with disabilities do not experience normal sexual desires and relationships and will therefore tolerate sexual abuse because it is their 'only means' of experiencing sex.

*'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)*

In some cultures there are perceived benefits of having sex with persons with disabilities e.g. bringing good luck or 'freeing' persons with HIV and AIDS.

### 4.3 Attitudes towards marriage and persons with disabilities

Community members are uncomfortable with the general idea of persons with disabilities getting married and having children. This is rooted to some extent in a lack of knowledge about disabilities and the mistaken beliefs that disability can be contagious or is hereditary and passed on from parent to offspring.

*'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)

## 5. Factors which put Persons with Disabilities at Risk of Abuse

### 5.1 Perceived vulnerability by age, gender or disability type

**Age:** All respondent groups considered younger people to be more vulnerable to sexual abuse and particularly young girls. Children were also seen as vulnerable as they were more susceptible to enticements such as food or gifts.

**Gender:** All respondent groups felt that females with disabilities were more vulnerable to abuse than males. However, their vulnerability was not only considered to be an issue of gender but also being female, they were less likely to be in school therefore more likely to be at home alone, and their domestic responsibilities such as collecting water, could put them at risk.

*'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.'*  
(Leader, Disabled Persons' Organisation - female)

**Disability type:** Overall, 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, because it was assumed that they are unable to speak or communicate effectively. Similarly respondents assumed that blind people would be unable to see, recognise or identify their attacker, making them an easier target for abuse.

*'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)

Persons with intellectual disabilities were seen as highly vulnerable as, depending on the severity of their disability, they may be unable to distinguish between sexual abuse and a non-abusive relationship. As with children, respondents felt they would be easier to persuade, coerce or intimidate. Also in the event that a case of abuse is taken to court, persons with intellectual disabilities may be regarded as unreliable witnesses if no special assistance is put in place.



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

## 5.2 Physical exposure to risk

Limited mobility or physical strength and the absence of companionship or the protection of other people were all cited as contributory factors in the prevalence of sexual abuse. Furthermore, persons with disabilities cannot always evade an attacker or fight back

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

Children with disabilities are often kept at home on their own, putting them in a vulnerable situation. This also isolates them from society, they are denied normal personal and social interaction and they miss out on school, including sex education.

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

Conversely, when required to walk the long distances between services like water points, shops and schools, persons with disabilities are at risk as they may be walking alone, walking slower than their peers or simply vulnerable to enticement, intimidation or coercion.

## 5.3 Lack of understanding, care and respect

Many respondents felt that the lack of understanding, care, equality and respect for persons with disabilities were major contributors to the risk of abuse. Factors identified included the risk of low self-esteem which can increase vulnerability to manipulative relationships and the lack of normal care, protection and affection from family and friends.

*'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)*

In some cases relatives or domestic workers, 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'. (District Social Development Officer - female)*

Youth delinquency, drugs and alcohol were also seen as significant contributors to the prevalence of sexual abuse, and people in patriarchal societies can be unaware of the seriousness of crimes involving sexual violence.

## 6. The consequences of sexual abuse of persons with disabilities

The research found that the experience and recovery for a person with disabilities following a sexual attack is highly dependent on the nature of support they receive at community level, and from professional service providers entrusted to support them. However, in the majority of cases discussed, the experiences and outcomes were negative. Furthermore, failure to properly support the physical and psychological treatment and recovery of victims, and to assist them in reporting cases of abuse and bringing perpetrators to justice not only perpetuates the cycle of abuse but runs the risk of making it worse.

### 6.1 Physical and mental harm

The most direct consequences of sexual abuse are to the victims themselves. In some cases they may suffer injury or even death as the result of an assault, and they can be exposed to HIV infection and other sexually transmitted infections. For women with disabilities who are abused, there is also the risk of unwanted pregnancy.

*'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)*

Survivors of sexual abuse suffer psychological trauma, shame and the risk of even greater stigma. The research shows that survivors are unlikely to receive any professional counselling services and their mental health is therefore further compromised.

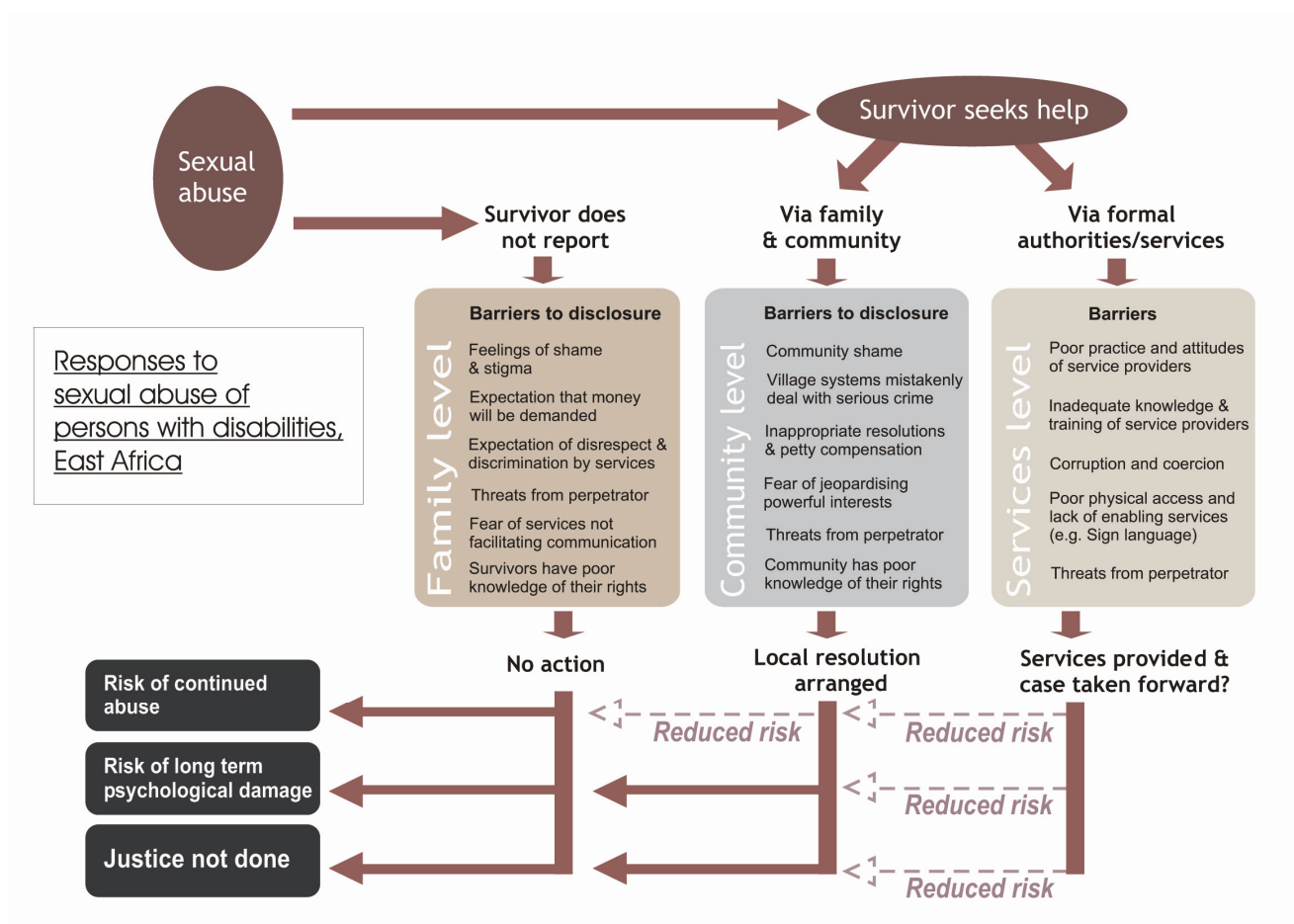
*'Sexual matters are not openly discussed in this community and the shame of admitting it happened [sexual abuse], leave alone discussing it, can be too much shame to a family and they decide to ignore it. (Christian Faith Leader—male)*

Beyond the immediate physical and psychological effects, respondents identified a number of longer term consequences, some of which can contribute to, and perpetuate the cycle of abuse. When known perpetrators go unpunished and the shame and stigma towards survivors increases, the perceived seriousness of sexual abuse diminishes within society. In this context potential perpetrators may be more inclined to commit abuse again. Assaults can also lead to overprotection of the victim and other persons with disabilities who are living in similar circumstances, leading to isolation and undermining their independence and self esteem.

*'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 child with a disability – focus group discussion)*

### 6.2 Under-reporting

Respondents from all backgrounds identified under-reporting as one of the main constraints in tackling the problem of sexual abuse of persons with disabilities. They all cited shame and stigma as an importance factor in under-reporting with some survivors of abuse mistakenly believing that they are in some way complicit in, or responsible for the abuse that they have suffered.



*'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 low level of reporting is also linked to lack of trust in the formal authorities particularly the police and judiciary. Concerns were also raised about the costs, both through legitimate and non-legitimate charges made.

*'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)*

A consequence of under-reporting is the risk of continued and potentially increased abuse as the perpetrators are seen to be 'getting away with it'. Respondents indicated that survivors often feel a sense of betrayal and injustice because their own community did not support them in getting a fair outcome. There is also a risk of victims or their friends or family taking the law into their own hands.

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

*'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)*



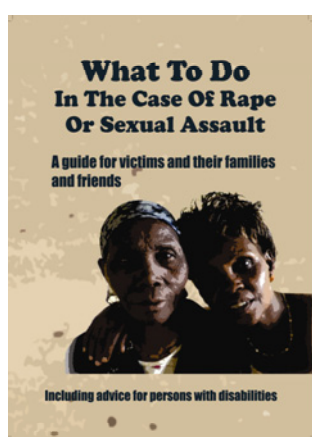
## 6. Summary of Recommendations

- 1. Prioritise interventions which target 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 disability sector wide awareness initiatives which reach the general public.
- 4. Improve prevention support for survivors of sexual abuse.** 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. Influence the legal system, strengthen police practice and deter perpetrators by publicity of sentences and successful prosecutions.
- 7. Influence the legal system,** strengthen police practice and deter perpetrators by publicity of 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.

## 7. Interventions

The following interventions have been initiated by Advantage Africa and partners in response to findings from the research:



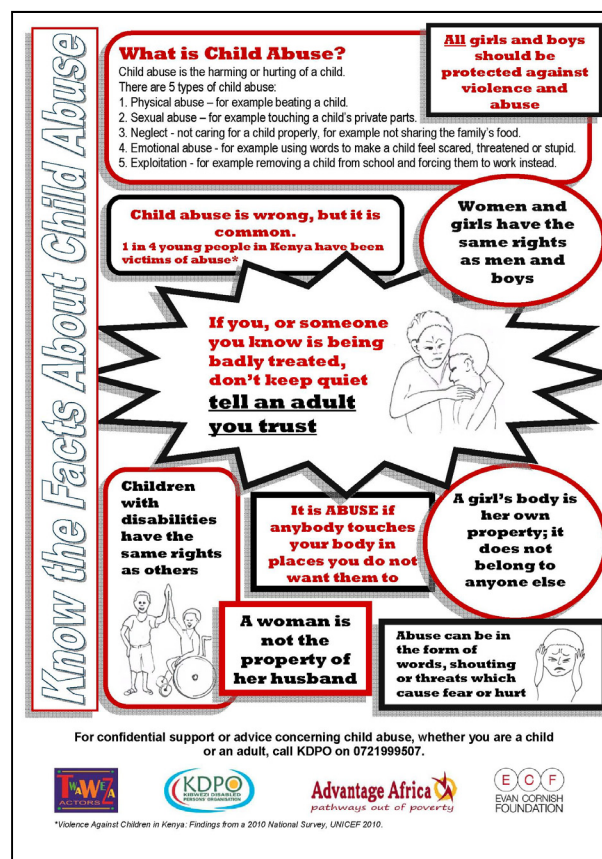
**Guidance booklet:** A clear and simple booklet entitled 'What To Do in the Case of Rape or Sexual Assault' has been developed to support victims of abuse and their families in understanding their basic rights and the services that are available to support them.

**Community multi-sector response group:** This is a group which comes together after an incident of abuse with the purpose of supporting survivors and working together to bring the perpetrators to justice. The groups should involve family members or close associates of the victim, local duty bearers, local community based organisations and representatives of key service providers including the police, healthcare services and the judiciary.

**Survivor support group:** A local survivors' support group has been piloted comprising of nine persons with disabilities who are survivors of abuse. The group is led by a local counsellor and nurse.

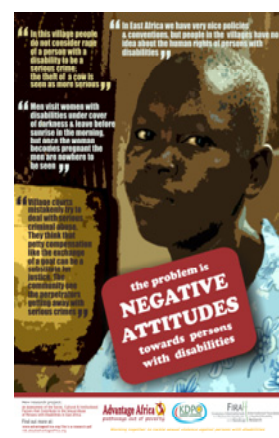
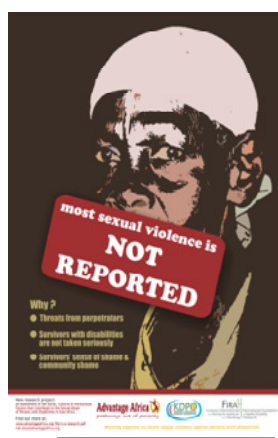
### Community drama group and information:

A newly formed drama group made up of actors with disabilities and family members of persons with disabilities has developed short drama performances to raise awareness about sexual abuse and disability. They perform in local schools and communities.



Two printed handouts were designed and distributed to schools and the community as part of the drama group's awareness raising activities.

**Posters:** Three posters have been developed to help raise public awareness and facilitate advocacy on issues of disability and sexual abuse.



1: Jones, L. et al (2012): Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies, Liverpool John Moores University and World Health Organization, Liverpool and Geneva, p.2

*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.