

# Interim Scientific Activity 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.**

February 2015

A Chairlady 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....'*

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*Note on language* - The terms 'persons with disabilities' and 'person with a disability' have been used throughout this document. The only exceptions to this usage are where direct quotes have been used from research interview respondents and workshop participants.

# 1. Introduction

The 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*, managed by Advantage Africa, has progressed very well throughout the first year of the two-year project duration and according to the objectives set out in the original research proposal. We have also kept to the planned time schedule. This report describes the progress for the first 12 months of the project (January 2014 – December 2014), with some preliminary findings as well as the plans for the remainder of the project which is due to finish in December 2015.

## **1.1 Research aim**

The research aim of the project is 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 UN Convention on the Rights of Persons with Disability (especially articles 12 – Equal recognition before the law, 13 – Access to justice, and 16 – Freedom from exploitation, violence and abuse).

## **1.2 Key research questions**

- What misunderstandings, attitudes, beliefs and practices contribute to the prevalence and perpetuation of sexual abuse amongst persons with disabilities?
- Why are many incidents of sexual abuse in East Africa unreported and not investigated and why are conviction rates so low?
- What role do local civil society groups, such as faith-based organisations and community groups, play in addressing and responding to incidents of sexual abuse of persons with disabilities?
- What are the contributory policies, practices and attitudes of formal institutions, e.g. police, hospitals and the judiciary?
- Where are the most important points of intervention which could achieve improvements in knowledge, attitudes, beliefs and practices which lead to reduced incidence of sexual abuse in East Africa, and what actions are required?

## 2. Project Progress

### 2.1 Summary of progress

The major activities completed during the year (January 2014 – December 2014), were:

- Descriptive literature review and synthesis paper
- Convening of the research team and advisory group of persons with disabilities
- Research Start-up Workshop (detailed research tools design and researcher training)
- Field data collection from all groups (Kenya and Uganda)
- Initial research data translation / analysis (Kenya and Uganda)
- Mid-project Workshop (data analysis and some initial results)

### 2.2 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 applied 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 key studies in existence.

The new research drew upon these existing studies but was designed to be distinctive from them. Previous research tended to be centered around the experiences of survivors of abuse, where as this research focuses upon the contextual factors which contribute to an environment where sexual abuse of persons with disabilities is commonplace. 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 problem 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 where:

##### i) *A Descriptive Literature Review*

This document identifies 39 references to relevant applied 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.

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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 of these documents are available from FIRAH or Advantage Africa, separate to this interim report.*

### Literature review findings

The synthesis document explains that there are particular social circumstances which seem to increase the 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 prevalence of sexual abuse against children and adults with disabilities worldwide is becoming recognised and is causing growing and serious concern. The issue is moving up the research, policy and intervention agendas. Globally based research indicates that it is probable 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 every single one of 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).

There are broad social attitudes and weaknesses of practice that may serve to perpetuate the problem of sexual abuse against persons with disabilities. It is important to bear in mind that there are local differences in beliefs (Hanass-Hancock, 2009) and there are also some families and services in which persons with disabilities receive excellent care (Ingstad & Grut, 2007).

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.

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, 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 undertaken to ensure measures are put in place to improve a range of statutory services across the key sectors of education, health, police and justice.

### **2.3 Convening of the research team and advisory group of persons with disabilities**

The research team was established in January 2014 and was made up of the people named in the original research proposal. The team leader is Robert Aley, Programme Manager of Advantage Africa and he is responsible for the overall coordination of the project. Two other UK-based researchers were included in the team, namely Dr. Mary Wickenden, Senior Research Fellow at University College London (UCL) and independent consultant to this project and Jane Betts, Programme Manager, Advantage Africa. Mary has the role of scientific leader with responsibility for ensuring that the research methodology and findings are rigorous and Jane has been contributing to the coordination of the literature review, data analysis and on-going dissemination objectives.

The research team in Kenya and Uganda was made up of four people with strong community development knowledge and extensive experience of working with persons with disabilities. Two are 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 the organisation and undertaking of field data collection in the three project areas, namely:

- Elijah Musenyente (Director of Uganda Society of Hidden Talents) – eastern Uganda
- David Kariuki (Development Consultant and Physiotherapist) and Agnes Musembi (Coordinator of the Kibwezi Disabled Persons' Organisation) – eastern Kenya
- Ezekiel Jengo (former Regional Mediator, Liliane Foundation) – western Kenya

Agnes Musembi was responsible for convening the project's advisory group of persons with disabilities which was made up of 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 held in March 2014 and the mid-project workshop in November 2014. The role of this group has been to ensure that persons with disabilities are central 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 unusually inclusive.

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All members of the core research team have worked with commitment and energy to successfully achieve the research outputs to a high standard and within the agreed time frame. Unfortunately, Elijah Musenyente has had to withdraw from the second year of the project because of his commitments to a research programme in Cameroon. We are pleased to report, however, that an excellent replacement for Elijah has been recruited to progress the Uganda side of the project. She is Fazira Kawuma, Co-ordinator of Source of The Nile Union for People with Albinism and Vice Chair of Uganda National Council for Disability (NCD) and she is also the Female Councillor for Persons with Disabilities in Jinja district. She has many years experience as an advocate for disability rights, and is blind herself.

### 2.4 Research Start-up Workshop

The research in East Africa started 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 the occurrence of sexual abuse against persons with disabilities
- To design and test the research tools and ensure consistency of their 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 civil society and professional groups
- Selected external experts

All but three of the participants were East African citizens.

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, medical staff, police etc.) who attended the workshop to tell us about their first-hand



experience of the topic. The modest venue also allowed us to keep within the limited budget for this project activity.

The workshop was conducted in an atmosphere of trust and confidentiality to allow participants to speak frankly and honestly about the issues which can be sensitive and controversial. At the end of the workshop participants felt that the event had been a great success. Not only had it achieved its purpose with regard to the aims of the research project, but it had 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, we had formed an action group which was ready to respond much more effectively to future occurrences of abuse in this location. The story of what happened when a woman with physical and learning disabilities was abused a few weeks after the workshop is included in appendix (1) to this report. This experience has also been submitted to Handicap International's 'Making It Work', international call for good practices on the elimination and prevention of and response to violence, abuse and exploitation of women and girls with disabilities. Representatives of Handicap International followed up by making a visit to Kibwezi and meeting workshop participants in January 2015.

## **2.5 Preliminary findings from the Start-up Workshop**

The following observations from the start-up workshop have been included in this report as, although they are not derived from formal research data, they are of value in exploring the research topic and reveal important insights into the relevant contributory factors associated with sexual abuse and disability.

### **2.51 Experiences of survivors**

Two local survivors of sexual abuse, who had disabilities, told their stories at the workshop. Both survivors were abused as young women, and by people who were known to them. Despite help from their families and support from the local disabled persons' organisation, neither of the perpetrators were brought to justice. Although the abuse had happened some time ago, both of the survivors remained very unhappy with the inadequacy of the response to the incidents. They only received support from their mothers, a head teacher and the local disabled persons' organisation. No formal counselling services were provided and no arrests or prosecutions took place. To this day they still see the perpetrators in their own communities. One survivor said: *'I hate that*



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*man, he should be severely punished, he should be castrated'* The leader of the local disabled persons' organisation explained how she had tried to assist the two survivors at the time of the incidents. She also talked about many other persons with disabilities that have been sexually abused in her community. She identified the numerous barriers she has experienced when trying to assist victims, and her frustrations with efforts to secure any kind of official support or justice. She also told the group about threats of violence she and fellow colleagues endure when trying to pursue cases through legal channels. These experiences and frustrations, as expressed by the disabled persons' organisation leader during the workshop, had been known to Advantage Africa for some time and formed some of the original motivation behind Advantage Africa instigating this research.

### 2.52 The prevalence and perceived seriousness of sexual abuse

During the course of the workshop it became increasingly clear that almost all participants had come across occurrences of sexual abuse against persons with disabilities. One workshop participant with a disability was courageous enough to explain that she was also a survivor of abuse from many years ago. The consensus amongst workshop attendees was that the problem is common in their communities and usually poorly dealt with. They believed that sexual violence against women and girls (but also against boys and men) in Kenya and Uganda is prevalent. 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. One village elder said that in his community *'people do not consider rape to be a very serious crime, they might see the theft of a cow as something more serious'*. Workshop participants agreed that if you have a disability you are even more vulnerable to abuse. It was observed that the prevailing negative social and cultural attitudes to persons with disabilities mean that they are not generally viewed as equal members of the community. Often they are not afforded the same rights and respect as other people, and acts of abuse against them are therefore considered to be less serious than the abuse of non-disabled people. During the course of the workshop it became increasingly clear that crimes of a sexual nature are commonplace, they are not generally given the importance they warrant in law and if the victim is a person with a disability the incident is regarded as even less important.

One village elder said that in his community *'people do not consider rape to be a very serious crime, they might see the theft of a cow as something more serious'*.

### 2.53 Factors affecting prevalence and responses to abuse at household / village level

The four local members of the core research team made presentations to the workshop based upon their first-hand knowledge and experience of the issue of sexual abuse of persons with disabilities in Kenya and Uganda. The points raised were then discussed and

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developed by the whole group, and many of the emerging themes were then re-examined on the days when community and professional stakeholders were present. One strong theme that emerged was that many factors associated with sexual abuse of persons with disabilities are rooted in the community, some stemming from traditional / customary beliefs, and others resulting from poor education, poverty and issues of stigma, shame and personal self-esteem.

### 2.54 Traditional systems and structures – ‘Local Courts’

Workshop participants discussed the systems and structures which exist in East Africa for community decision-making and resolution of disputes at local level and the influence such ‘local courts’ have on incidents of sexual abuse. The make-up and power of these bodies varies from location to location depending upon the tribal and cultural norms. Clan leaders

*Some workshop participants felt that local courts were often far too lenient with perpetrators. The example of the exchange of a goat from the perpetrator’s family to that of the victim, as a means of resolving the issue was frequently used*

or village elders are often responsible for deliberating over local conflicts and imposing penalties and punishments. Many workshop participants criticised these ‘local courts’ for not treating sexual abuse as a serious crime which should be immediately reported to the police, and proper care provided to the victim. Some workshop participants felt that local courts were often far too lenient with perpetrators. The example of the exchange of a goat from the perpetrator’s family to that of the victim, as a means of resolving the issue was frequently used to illustrate this point. This, it was observed, can suggest to the community that serious crimes like rape and defilement can be treated as minor offences. Participants also said that the people sitting on the local courts could have a vested interest in getting involved because they

are often personally remunerated for their work. This might also make them reluctant to hand over the issue to more formal authorities.

Participants also pointed out that most ‘local courts’ are made up of older men and there was a suspicion that they would be lenient with other men, especially concerning sexual offences and that they may hold outdated views about, or be unaware of, the equal rights of persons with disabilities. This discussion led onto participants emphasising what they described as the ‘vast gap between national and international laws and conventions concerning human rights, and the reality on the ground’. As one participant put it, ‘we have very nice documents, policies and conventions signed by the big people in those offices in Nairobi, but in the villages in my community they [the villagers] are completely unaware, they have no awareness of their existence’.

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Although almost all workshop participants knew of occurrences of sexual abuse of persons with disabilities in their communities, very few had had the experience of seeing them progress to legal action. This suggests that although there are reported substantial barriers for persons with disabilities in the courts (concerning communication, understanding procedure and perceptions of others of persons with disabilities as reliable witnesses etc.) very few cases progress to even reaching the courts at all.

### 2.55 Local culture and tradition associated with sexual norms

During workshop discussions, several participants explored the traditional and cultural influences which might influence local attitudes to sexual relationships and sexual abuse in East Africa. As stated earlier, it has been observed that some people do not view sexual abuse such as rape as a very serious offence. It was suggested 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'; and (b) amongst the Kikuyu tribe (and others) in Kenya where when a marriage is agreed, the groom would traditionally be expected to forcefully 'steal the bride' from her family home and take her to his home. She was expected to show great reluctance by fighting off her abductors and crying all the way to her new home.

### 2.56 Shame and stigma

It is well documented that survivors of abuse experience feelings of shame and sometimes mistakenly feel that they are in some way complicit in, or responsible for the abuse that they are suffering. This shame is also experienced by the immediate family and if the story becomes public, the associated stigma can be acute. Workshop participants 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 without reporting it to official bodies. Where the survivor is a person with a disability they are often already stigmatised because of their disability and if sexual abuse is also revealed, they and their family, may become even more isolated and rejected by neighbours and the wider community. The concept of 'community shame' was also identified, and it was agreed that many communities would make stringent efforts to keep secret any events they believe will reflect badly on them as a whole. This is another reason why victims can feel isolated and that their violations are not properly recognised. A village elder at the workshop said, *'at barazas [local public meetings] the topic of sexual relationships is not easy to raise, people are not comfortable talking about it'*.

*The concept of 'community shame' was also identified, and it was agreed that many communities would make stringent efforts to keep secret any events that they believe will reflect badly on them as a whole*

### 2.57 Education and the nature of sexual relationships

Research shows that children with disabilities in Africa are ‘substantially less likely to be in school’ (UNICEF, State of the World’s Children Report 2010). 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 normal attitudes to personal relationships. Also, because they are sometimes left at home alone when siblings are at school they are more exposed to abuse from their carers, or other people visiting the home. Workshop participants 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 make them vulnerable 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. Participants said that if a non-disabled man chooses to be with a woman with a disability, he is viewed with great mistrust because people suspect he is looking for sexual gratification rather than a genuine committed relationship. The police officer at the workshop said that if she sees a man ‘walking’ with a girl with a disability she might ‘*check it out to see if there was anything suspicious going on*’. Other women participants with disabilities said they had experienced attention from men who had the wrong motives. One said ‘*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!*’ Workshop participants said that some women with disabilities are visited at night by men who do not want to be seen in public with a woman with a disability. ‘*The men come under the cover of darkness, and leave before sunrise in the morning. But once the woman becomes pregnant they are nowhere to be seen*’. Some families try to safeguard their children with disabilities by protecting them in the home and by restricting their movements. Examples were given of children with disabilities being locked in the house while other family members go to work in the fields. This can be perceived as cruelty, despite the motivation being to protect the person with a disability. A

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*‘You wake up, and they say ‘you will not have a baby again’*

representative of a national organisation (Women Challenged to Challenge) pointed out that the rates of sterilisation of women with disabilities are very high (19% compared to 4.6% of non-disabled women). She said, ‘*families of girls with disabilities get them sterilised because they predict them getting raped. Also the things women with disabilities hear from doctors and nurses can be shocking. When they go to hospital to give birth they are treated as special cases and often given caesarean sections. At the same time they sterilise them. You wake up, and they say ‘you will not have a baby again’.*’ There are also

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other specific motives behind people forming sexual relationships with persons with disabilities. Some people believe that persons with disabilities are virgins or are not sexually active and are therefore 'clean' so not carrying HIV or other sexually transmitted diseases. There is also the myth of virgin cleansing, whereby perpetrators mistakenly believe that if they have sex with a virgin they can be cured of HIV / AIDS.

### **2.58 Poverty**

Poverty was frequently identified as an important contributory factor in the prevalence and responses to sexual abuse against persons with disabilities. Examples were given of how small gifts of money or food, such as a few mangos, could be used by perpetrators to convince victims to perform sexual acts. It was felt that persons with learning disabilities were most vulnerable to this kind of bribery. Other participants spoke about examples where a father within a family was abusing one of his children. The father was the provider of the income for the family and this meant that the mother and other family members were reluctant to report the abuse in case he was sent to jail, leaving the family destitute. Some participants said they were aware of cases in which girls with disabilities had been repeatedly abused by somebody known to the family, and where by 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.

Poverty was also a key contributor in explaining some of the reasons why survivors and their families do not report abuse to the authorities. First of all, there are costs associated with travel to the premises of the service providers, especially in rural settings. Participants also said that the police and other services are perceived to require money to do their jobs. For example the leader of the disabled persons' organisation told the workshop how she was required to pay for the fuel for the police vehicle to follow-up an incident of abuse. Survivors and their families are also concerned about the longer term and largely unknown costs of pursuing a prosecution through the courts once the formal authorities are involved. Additionally they fear the time needed to manage the case which will be time lost from their usual livelihood activities which support their families. This is compounded by the reputation of legal systems in East Africa for being very bureaucratic and blighted by delays. They also doubt whether a person with a disability would be understood and taken seriously by the legal institutions. These were some of the key reasons identified by the workshop participants for the dramatic under-reporting of abuse to the formal authorities. The theme of poverty also impacted upon many other discussions to do with lack of access to knowledge, education and support structures at community level.

### **2.59 Professional services and government officials**

The workshop was attended by representatives from several professional services and government officials whose roles include safeguarding against and responding to occurrences of sexual abuse. They included Police, a Clinical Officer (Doctor), a Counsellor (clinical), a Senior County Administrator, an Assistant Chief and a District



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Officer from the Department of Gender and Social Services (DGSDO). This group all recognised that sexual abuse is a serious and widespread problem which they have had to deal with in their work. They also agreed that persons with disabilities are at high risk. The Police Officer said that a case of rape comes in to the sub-county police station almost every day and that there had been about 7 victims of abuse with disabilities in the previous two months, including a case of sodomy against a 5 year old boy. The Police, County Administrator, DGSDO and Assistant Chief all expressed concern that most occurrences of abuse do not get officially reported and even fewer are pursued to a conclusion in the courts. They agreed that families are often reluctant to report the occurrences and frequently prefer to try to resolve the issue locally. The police and the assistant chief especially expressed some frustration with this state of affairs. The DGSDO said that *'we do raise awareness with villagers as they have a big role to play, but often the village level advice is to sort it out at village level'*. The DGSDO said that *'Only yesterday I had a call from a mother who said her severely disabled daughter had been sexually abused and they knew the offender'*. She said she had helped the mother with advice about the proper procedures and went on to say *'Everywhere there are young men on the lookout to abuse disabled people, and we have a role in protection and punishment, along with the parents and the wider community.'*

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Professional contributors agreed that the general public are unsure of the correct channels and procedures to use if they wish to report a case of abuse. They do not necessarily know that these are serious criminal issues which should be taken straight to the medical services and police, and the Assistant Chief and Chief do not need to be involved as they deal mainly with civil matters. In Uganda the channels of reporting seemed to be slightly clearer with the Local Councillor 1 (LC1) being the recommended first point of contact. The local medical professionals and the police knew the recommended course of action in response to a report of abuse. They stressed the importance of getting the correct services, and the essential time frames involved for proper medical care and preservation of evidence. The medical professionals made particular reference to the 72 hour rule, which says you should go to the hospital as soon as possible, but at least within 72 hours. Serious injuries should be attended to immediately and pregnancy and HIV prevention therapy should be administered as a priority.

Both the police and the medical professionals explained the importance of preserving evidence. They said that the survivor should not clean themselves or bathe, and ideally should remain in the same clothes. If the clothes are removed they should be wrapped in paper (such as a newspaper) and not a polythene / plastic bag as this destroys evidence. The police officer said that the incident should be recorded by the police on a P3 form. In Uganda the police doctor should undertake the medical examination. Many of the

workshop participants were aware of some of these procedures, but many were not sure of the details, and whether a survivor should attend a hospital or report to the police first. (Two documents were identified as part of the local literature searches which specify the exact actions which should be taken when sexual abuse is reported). There was also some concern expressed by the participants concerning the attitudes of the authorities towards those reporting incidents of abuse. Some felt that persons with disabilities were not given the same level of respect as others, and that both hospital and police staff were sometimes not supportive or respectful. The DGSDO explained that they do make follow-up visits to people who had been abused, and that sometimes survivors mention that the attitudes of the authorities were unsatisfactory. However she did say that she felt that things were improving.

The issue of lack of adequate financial resources for the authorities to do their work properly was discussed. The police officer talked about a case in which she had used her own money to take the survivor's family to court to give evidence. She said not only had it been a complicated case because both of the parents had been deaf, but she was also out of pocket personally because her expenses claim had never been paid. She also noted that the police have to take DNA samples for testing themselves, and this often entails personal cost. She said sometimes the community think we are taking bribes. They see a suspect arrested and then let out on bail. She explained that sometimes the community misinterprets this situation as the offender bribing their way out. The police need the help of the community to ensure that suspects do not skip bail. The community should hand people in when they finally reappear. It was noted that in Uganda that people accused of rape and defilement are not eligible for bail.

### **2.510 The legal framework**

A presentation was made during the workshop by Juliet Gachanja, a child rights lawyer from the Kenyan child rights organisation CRADLE. It was noted that both Uganda and Kenya are signatories to the UN Convention on the Rights of Persons with Disabilities. She explained the Kenyan law in relation to sexual offences and persons with disabilities. The key legislation is The Sexual Offences Act 2006 which defines different types of sexual offences and minimum sentences. For example a person who commits an act which causes penetration with a child is guilty of an offence termed 'defilement'. A person who commits an offence of defilement with a child aged eleven years or less shall be sentenced to imprisonment for life. A person who commits an offence of defilement with a child between the age of twelve and fifteen years is liable to imprisonment for a term of not less than twenty years. The Act makes one special reference to persons with disabilities. It states that '*a "vulnerable person" means a child, a person with mental disabilities or an elderly person and "vulnerable witness" shall be construed accordingly*'. It goes on to specify that '*A person who intentionally commits rape or an indecent act with another within the view of a family member, a child or a person with mental disabilities is guilty of [an additional] offence and is liable upon conviction to imprisonment for a term which shall not be less than ten years*'. It was observed in the workshop that the length of sentences



for sexual offences in East Africa are considerable, but they contrast greatly with the lenient punishments often meted out in the village courts, which may be no more severe than ordering the provision of a goat to the survivor's family.

### **Summary of preliminary findings from the Start-up Workshop**

The principal aim of the applied research project start-up workshop was to ensure that the international research team were fully conversant with the research objectives and the plan for achieving them, and that the research tools were designed and tested prior to the field work. However the discussion in this section of the report explores the many issues and observations that participants brought to light concerning the topic of sexual abuse of persons with disabilities in Uganda and Kenya during the course of the five day workshop. This was a very useful precursor to undertaking the formal research data collection. To summarise the principal issues and themes which participants identified:

- Persons with disabilities are at high risk of being victims of sexual abuse and it is commonplace
- The vast majority of sexual abuse of persons with disabilities is not reported to the formal authorities
- There are many reasons why survivors and people close to them do not want to formally expose occurrences of abuse. These include factors such as shame and stigma (including 'community shame'), poverty, lack of confidence in authorities and misunderstandings about the severity of the crime
- The professional services believe they could respond to incidents of sexual abuse better if community members were better informed and more co-operative. They know the correct procedures but are sometimes hampered by lack of resources
- The people of Uganda and Kenya are largely ignorant of the legislation which exists to protect them. They are not aware of their rights and are, for the most part, oblivious to the existence of relevant laws and international conventions

## **2.6 Design of the research tools and researcher training**

Research tools were designed during the workshop in line with those proposed in the original research proposal, and some additions were made where appropriate. The resulting research tools were:

- Consent /confidentiality form with explanation about the research
- Topic guide for structured interviews with individuals (and list by role/profession)  
*See appendix (2) for full topic guide*
- Topic guide for focus group discussions with three groups (and list of groups)
- Attitudes rating questionnaire

The research tools design and training was led by the project's scientific (academic) advisor Mary Wickenden. During the workshop the field researchers reviewed the topic guide questions and practiced asking them to other members of the group. 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 (western Kenya, eastern Kenya and eastern Uganda).

### **3. Field data collection and preliminary results- Kenya and Uganda**

The field work data collection took place between April and September 2014. The process, although intensive, was completed to a high quality and within the original time plan. Local researchers were provided with distance support from the project leader in the UK. The work resulted in a total of 52 completed interviews with individuals and nine focus group interviews across the three project locations. The nine focus groups were made up of three groups in each of the three project locations – representing

- (a) women with disabilities
- (b) men with disabilities
- (c) parents of children with disabilities

*For a list of individual interviewees and a research location map see appendices 3 and 4.*

#### **3.1 The data analysis process**

A process of 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. The list of themes was amended as appropriate during this process and resulted in the following list:

1. Attitudes to disability (general)
2. Attitudes to sexuality and marriage generally and concerning persons with disabilities
3. What families do when abuse happens
4. What happens in workplaces (ie. specific workplaces like police, hospitals, faith institutions, DPOs etc.)
5. Factors making abuse more or less common e.g. different vulnerabilities – impairments, gender and age

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6. Reporting channels and barriers
7. Consequences - impact for the person abused
8. Perpetrators
9. Organisations
10. Information, guidelines, training and skills needed to prevent and respond to abuse cases
11. Rights
12. Recommendations
13. Case studies / stories

The exercise in sorting interview answers into themes was completed for all transcribed interviews as advance preparation for the Mid-project Workshop.

### **3.2 Mid-project Workshop – as a part of the data analysis process**

The Mid-project workshop took place successfully over four days in November 2014 near Eldoret in Western Province of Kenya. The main aim of the workshop was to progress the research 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 **progress the research data analysis** using the qualitative thematic approach
- To examine the initial research findings with a view to developing the planned research outputs, namely: (a) a conceptual model which illustrates the factors and stakeholders which contribute to an environment where sexual abuse is prevalent (b) a set of guidelines which specify where and how practical changes can be made
- To discuss the research dissemination plan including a dissemination workshop and publication of the final research results
- To confirm the roles and responsibilities of the research team members for the second year 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 local women parents of children with disabilities
- Selected external experts

All but two of the participants were East African citizens.

During the workshop participants formed four groups to further analyse the data from eight of the 13 themes listed above. They sorted data into more detailed sub-themes which

reveal 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. This information will feed into the development of the conceptual model which is a key research output planned for year two (due for completion end of April 2015). The workshop participants went on to deliberate over where there could be opportunities for interventions which can have a positive impact on the prevailing situation. This work will also inform the production of another key year two project output, namely, the set of guidelines which specify where and how practical changes can be made (due for completion end of May 2015).

### **Workshop feedback from participants**

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

### **3.3 Current progress on preliminary research results**

It is important to note that at the time of writing this report, the research field data is still being analysed to establish the complete research results. This is in accordance with the original project time schedule which planned for the analysis to be completed by the end of March 2015. However, to give readers a preview of the findings so far, below is a description of the research findings concerning one of the themes listed above, namely: **Reporting channels and barriers**, and is based upon the data collected from all of the respondents interviewed.

#### **Preliminary research results concerning the reporting channels and barriers relating to sexual abuse against persons with disabilities**

It was found that the following factors influence whether, why and how survivors and other people decide to report incidents of abuse against persons with disabilities. The analysis also reveals the barriers they experience and other associated influences.

#### **Under-reporting**

Overwhelmingly the research interview responses show that rates of sexual abuse of persons with disabilities are much higher than is formally recognised by the statistics which are derived from reports of abuse to recognised authorities and services. These figures understate the true rates of abuse because they do not capture the many incidences of abuse which are concealed domestically or in the community. The professional service

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providers interviewed frequently made it clear that, although they deal with cases of sexual abuse against persons with disabilities, there are many cases which never get reported to them. A Doctor stated *'[sexual abuse against persons with disabilities] ...is common, but I can only say that we may not have the [true] statistics since we only know the ones who are brought to us, but we believe that there are those that are never reported'*. Another example was from a Senior Police Officer who said *'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'*. These observations were corroborated by interviewees representing community organisations such as disabled persons' organisations and faith groups. One church pastor said, *'Sometimes it is easier for people to deal with it at family level and move on'*. In Uganda it often does not even reach LC1 which is the most junior local government official and the first point of official contact.

*'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'.*

The research has revealed numerous reasons why many people do not report sexual abuse to the authorities. Some are associated specifically with disability related issues and others may be applicable to cases of sexual violence more widely. One of the most prevalent reasons research respondents gave for people deciding not to report sexual abuse was the **shame and stigma** associated with being a survivor, or a close family member. The issue of shame and stigma was also articulated by some people as a wider 'collective shame' on the whole community. It was not clear as to whether this was considered shameful because the community was unable to prevent the abuse, or because they simply did not wish to have any kind of negative incidents about them made public. If the survivor of the abuse was a person with a disability, the related shame and stigma was thought to be even more acute. This is because a person with a disability is often already stigmatised by their community, and if that person then becomes a victim of sexual abuse the shame and stigma is compounded. A District Social Development Officer said, *'the community 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'*.

Research respondents explained that the severely negative **attitudes to disability** in East Africa are a major reason why crimes against persons with disabilities are not reported or followed up. Persons with disabilities and their families have become accustomed to being discriminated against and not receiving respect or equal treatment from service providers from most departments and at all levels. 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. A Senior

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Church Leader stated that, *'the police abuse them [the complainants] 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'*. He also recalled a situation he experienced in a police station when he said a complainant was asked by a police officer *'are you sure you have been raped or you offered yourself and now you want compensation?'* He said this *'made the victim feel unwanted and that she should not have come to the police for support'*. 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:

*'...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'*

- *'Because they [the authorities] think a 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 because nobody is ready to do the thing in a good way'*. (Meaning that other people think persons with disabilities have been 'lucky' to experience sexual abuse, because they think nobody is ready to have a normal sexual relationship with a person with a disability, and it is therefore their only chance to experience sex).

The research results also show that persons with disabilities anticipate a series of other difficulties which may result from reporting sexual abuse against them. They expect that reporting to the police will **cost money** and they are unsure what if any are legitimate charges. One Disabled Persons Organisation Leader explained that when seeking to assist a survivor of a sexual crime, the police expected her to pay the cost of fuelling the police vehicle which was to be used in the investigation. A Local Councillor 1 (LC1-Uganda) said *'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'*.

People do not trust the police to safeguard evidence properly, and they have concerns about the police **tampering with evidence**. The Senior Church Leader said, *'I'm aware of the need for the preservation of evidence. In some circumstances I remain with part of the evidence in case the police through corrupt practices destroy it. For example I might divide and photocopy the evidence which I can then produce in case the police evidence is corrupted'*. If a case is taken up through the legal process people expect procedural **delays** and can lose the motivation to pursue the case over extended periods. All these concerns discourage people from reporting serious crimes. The research shows that individuals with disabilities can be unclear how serious sexual offences are considered to be in law. Many focus group respondents with disabilities said they would normally first report a case of sexual abuse to the village elders or assistant chief, whilst others were



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aware that the abuse is a criminal matter which should be taken to hospital and / or the police. Some highlighted that physical access to service providers can be difficult as many are stationed in towns far from the villages.

Other reasons relating to **perpetrators** were identified as reasons for survivors of abuse being deterred from informing the authorities. In some cases the survivor and the perpetrator are members of the same family, and if the perpetrator is the provider of the

*‘what do you say when a parent takes 200 shillings [about \$2] and agrees to close their eyes when their daughter has been raped?..’*

income for the family or holds strong authority over the other family members they are likely to deter them from reporting the offences. Perpetrators may use money or gifts to bribe the victim’s family into silence. A Disabled Persons’ Organisation Leader said, *‘what do you say when a parent takes 200 shillings [about \$2] and agrees to close their eyes when their daughter has been raped? We [persons with disabilities] are very far from getting equal rights like everybody else’*. Threats are also used by

perpetrators not only against the victims, but also against third parties who are trying to assist the victim in their pursuit of justice. Perpetrators who are prominent or powerful people in the community are also seen as difficult people to accuse because of their social status. One woman with a disability said, *‘if the perpetrator is a prominent person in the community you can’t spoil his CV.’* Most of these factors were first identified in the project start-up workshop and corroborated by the research interview data.

*‘if the perpetrator is a prominent person in the community you can’t spoil his CV.’*

### Consequences of under-reporting

Interview respondents identified one main consequence of the under-reporting of occurrences of sexual abuse of persons with disabilities. They said that it will happen even more. The fact that perpetrators are often not reported and are therefore not prosecuted or punished means that they remain free to repeat their offences, and their offending may increase in frequency. The wider message which perpetuates through East African society is that sexual offences are rarely prosecuted, are not taken seriously enough by the police, or by the higher institutions of government.



## **4. Interim Financial Report**

A full financial report of project income and expenditure (January – December 2014) accompanies this report as a Microsoft Excel spreadsheet. The essential summary information is contained on the first tab of the spreadsheet (FIRAH Y1 Financial Summary) and the additional tabs contain the details of all transactions. Advantage Africa certifies that to the best of our knowledge this is a complete and accurate account. Receipts and associated documentation for all expenditure is available upon request.

## **5. Plans for Research Year 2**

### **5.1 Summary of future activities**

The research activities have progressed according to the original research time-schedule and we anticipate keeping to the time-schedule as we progress through year two of the project. Therefore, February and March 2015 will be used to finalise the research data analysis, and the conceptual model will be developed by the end of April. April, May and June will be used to develop the guidelines. Dissemination / knowledge transfer, including the dissemination workshop, will take place in July to September.

### **5.2 Research outputs**

The development of the conceptual model is taking place concurrently with the final research data analysis and is expected to be a valuable, graphically presented, means of summarising the research findings. The challenge in developing this model is to capture the complexities and interrelationships between influencing factors, whilst avoiding the model becoming bewilderingly detailed and intricate.

The content of and target audience for the guidelines are yet to be confirmed as these are also dependent upon the emerging research findings and conclusions. However, it appears likely at this stage of the project that the guidelines will, at least in part, attempt to address the gap between national and international laws and policies and the existing knowledge and negative practices, identified by the research at community level. One suggestion is that the guidelines could be developed in such a way that they could also be presented as a series of radio programmes (in local Kenyan and Ugandan languages). These programmes could address widespread misconceptions and damaging attitudes,

and equip communities with the knowledge and understanding that they need to reduce the rates of sexual abuse against persons with disabilities and respond more appropriately when abuse happens.

### 5.3 Plans for dissemination

The project plan makes provision for a dissemination workshop. In anticipation of the dissemination activities the project has been developing an expanding alliance of partner organisations who are also actively working in the area of sexual abuse against persons with disabilities in East Africa and who can collaborate on dissemination initiatives to increase impact. A few of these organisations are also engaged in research. They include:

- Ubuntu Care Project - Kenya, Rwanda and Burundi (Handicap International)
- KAIH (Kenya Association for the Intellectually Handicapped)
- COVAW (Coalition on Violence Against Women) Note, KAIH and COVAW are working together to support survivors of abuse with intellectual disabilities to take their cases through the courts
- WCC (Women Challenged to Challenge). WCC has completed research
- CRADLE - The Children's Rights Foundation
- Gender Violence recover Centre (Nairobi Women's Hospital)
- FIDA (Federation of Women's Lawyers)

After attending our research start-up workshop in March 2014, Sofia Hedjam, regional co-ordinator for the Ubuntu Care Project, has been particularly committed to partnering with Advantage Africa to organise a joint advocacy event. This would be an opportunity to combine experiences and budgets for stronger advocacy and dissemination. The exact nature of the event is being planned at the time of writing this report, with the draft aim of the event being: *to enlighten key policy makers, decision makers and funders and secure their commitment to specific actions which will help tackle sexual violence against persons with disabilities*. This is tentatively scheduled for September 2015 in Nairobi. Safaricom Corporation may be approached to help sponsor this event. The CBR African Network (AfriCAN) 5th International Conference will be held in Nairobi in early June 2015 with an expected 400 delegates. This also represents an opportunity for the possibility of presenting a paper based upon this research project, however the \$350 registration fee and additional associated costs would need to be allocated from the project budget.

The local project team and advisory group of persons with disabilities are particularly keen to see the results of this research shared and applied within their own communities, and to demonstrate how research can have a practical outcome on the ground. With this in mind we would also like to find ways to conduct some local knowledge-sharing workshops directly with disabled persons' organisations and their members, together with service providers and institutions at community level.

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Towards the end of the project we look forward to working with FIRAH resource centre and others to assist us with international dissemination, especially to those audiences specified in the original dissemination plan.

*Project Year 2 time plan*

Research Activity	Project Year 2 (2015) - Months												
	1	2	3	4	5	6	7	8	9	10	11	12	
Submission of mid- project progress reports													
Final data analysis (UK)													
Development of the conceptual model													
Development of guidelines to achieve enhanced policy implementation (Kenya & UK)													
Dissemination / knowledge transfer including dissemination workshop and publication / presentation internationally													
Review of research and final report													
<i>Submission of final report no more than 3 months after project funding period</i>													

**5.4 Constraints and Challenges**

Due to the scaling back of the research budget at the beginning of this project, the research work, although very successful so far, has taken place within tight expenditure constraints. We also anticipate that we will experience the same challenges in the second year of the project. The production of the guidelines and the dissemination activities especially are constrained by the available budget and we kindly request that if FIRAH is in a position to increase the funding for these activities it would strengthen the application and impact of the research significantly.

## **Acknowledgements and Thanks**

Thanks go firstly to the survivors of sexual abuse and their families who have been involved in the project so far, and have had the dignity and courage to talk about their experiences and feelings. We also thank the research interviewees and the core research team for all the hours of hard work they have contributed to this project so far, especially the conducting of the field interviews and their translation and transcribing. Thanks also go to the advisory group of persons with disabilities for their valuable contributions and observations especially during the two project workshops. We would particularly like to acknowledge the invaluable work that Mary Wickenden has contributed to ensuring the research has been rigorous, especially since she has given us a lot of her time above and beyond the remunerated hours available. Finally, thanks go to FIRAH for providing us with the opportunity to undertake this valuable research. We hope and expect year two of the project will be a great success and result in some meaningful results which can have international application to change the prevailing situation for the better.

## Appendices

### Appendix 1.

Below is a copy of our submission to the 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.

Organization name: Advantage Africa and Kibwezi Disabled Persons’ Organisation.

Name of good practice: Justice for Survivors of Sexual Abuse through Multi-Sector Community Responsibility .

Location where practice has been implemented:

Kibwezi –Eastern Kenya

1. Please highlight which priority area your practice addresses (I, II or III). Please choose ONE priority area only. You may select more than one sub-topic within that thematic by putting an X in the boxes:

**Priority areas within the call for good practices:**

I. Issues of ACCESS for girls and women with disabilities in order to prevent or eliminate violence, exploitation and abuse

II. Issues of RIGHTS PROTECTION of girls and women with disabilities in order to prevent and eliminate violence, abuse and exploitation

III. TOOLS and STRATEGIES that support the prevention and elimination of violence, abuse and exploitation of women and girls with disabilities

The key article addressed is:

**Access to justice (CRPD article 13)**

The good practice addresses the requirement in article 13 ‘to ensure effective access to justice for persons with disabilities on an equal basis with others’. The practice demonstrates a strategy which directly supports access to justice for persons with disabilities who have experienced sexual

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abuse. It also has the longer term effect of reducing incidents of sexual abuse by deterring other potential perpetrators or repeat offenders.

Article 13 goes on to state that access to justice should include 'procedural and age-appropriate accommodations, in order to facilitate their (persons with disabilities) effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

The good practice recognises that there are a number of stakeholders in any community that can facilitate, or obstruct, access to justice for persons with disabilities who are survivors of sexual abuse. These can include family and close associates of the survivors (including witnesses), village level authorities and community based organisations, NGOs, police, medical practitioners, government officials, lawyers and the judiciary. The good practice recognises that collective responsibility and mutual support between these stakeholders is required to achieve justice for vulnerable victims.

*Note: This good practice could also be categorized as a contributor to **CRPD article 8 -Awareness raising and public education***

3. Please tell us briefly about your good practice. What is its goal? Where and when does it take place? Who does the work, how is it implemented, and what needs do you address? Limit 500 words

### **What is its goal?**

To secure justice for survivors of sexual abuse with a disability and to prevent incidents of sexual abuse in the future.

### **How is it implemented - The approach:**

The approach is a simple one. It is to gather together in a meeting / workshop all the local stakeholders (mentioned above) who have an interest or responsibility in supporting persons with disabilities who are survivors of sexual abuse and to ensure perpetrators are brought to justice. The workshop participants should also include representatives of persons with disabilities, especially those from the local community. 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 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 prevalence of sexual abuse against persons with disabilities and the range of survivors and perpetrators (ages, gender, social standing etc.).

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- The factors which allow perpetrators to act, and repeat their offences (social, cultural and institutional).
- The reasons why the injured party 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 the 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 their responses to future incidents of abuse.

### **Where and when does it take place?**

The workshop can take place at a central venue in the community and at a time when all stakeholders are available.

### **What needs do you address?**

The workshop will expose and then address the weaknesses in existing knowledge, services and diligence which are supposed to safeguard the rights of survivors. 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.

4. Tell us what changes your good practice has achieved. Please list any specific changes that have come about as a result of the practice. Limit 250 words

The practice described above was initiated in Kibwezi town of eastern Kenya in March 2014 and at the time of writing there had been one documented incidence of sexual abuse against a woman with a disability since the intervention. The response to this incident was a vast improvement as compared to incidents reported before the multi-sector workshop.

A number of stakeholders who had attended the workshop played their parts in a responsible and committed way. The survivor was a woman in her early thirties with physical and learning disabilities. Reports suggest that she was lured into a man's home where she was raped. Immediately after the incident her friends and associates took her to the local sub-county hospital where the health practitioners (who had attended the workshop) took the correct action, including quickly providing treatment and counselling whilst preserving medical evidence. The medical staff then quickly informed other services, with the coordinator of Kibwezi Disabled Persons' Organisation (KDPO) who was the convener of the workshop, taking a central role. The Senior County Officer (another workshop participant) also took an active interest in the case and



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encouraged the various service providers to take proper action. Community members took the suspected perpetrator to the police station where a police officer who had also attended the workshop took appropriate action. This included the completion of a formal report (P3) and the suspect accepting an HIV test at the hospital. He was taken to the county police station and subsequently charged. At the time of writing he remained in custody awaiting trial.

This sequence of events is in marked contrast to the responses to previous cases of sexual abuse of persons with disabilities in this community, when no arrests or convictions were achieved despite persistent efforts by staff of KDPO. The coordinator of KDPO Agnes Musembi says *'this time there was a totally different response from all the other cases I have tried to help in the past. Since the workshop everyone acted so positively, and everyone knew what to do. Our workshop has really made a big difference. I am no longer fighting for justice alone'*

NB. at the time of writing another incident of sexual abuse and pregnancy in a 13 year old girl with a disability had just been reported in the Kibwezi community. (14th May 2014).

5. Please state briefly and providing specific examples, how your practice addresses diversity and how you are reaching under-represented or marginalized groups. Limit 250 words

By its nature, this practice focuses on support for persons with disabilities who are marginalised in many ways. They are subject to misunderstanding and negative attitudes which result in discrimination and exclusion from many aspects of normal life. These include; education, health services, transport and other physical access, access to information and access to justice etc. We know that *disability is both a cause and consequence of poverty.*

This good practice puts people (adults and children) with disabilities at its centre. For example the workshop included the participation of ten persons with disabilities, including three survivors of sexual abuse and a further four persons with disabilities from very poor homes. In the workshop representatives of the disabled community included a deaf woman, a blind man, a man with a mild learning disability and epilepsy, a wheelchair user, three persons with restricted mobility and a mother of a child with multiple disabilities. The participation of persons with disabilities not only ensures that their voices and experience are heard but also concentrates the minds of the non-disabled participants, including service providers who may otherwise seldom consider the needs of persons with disabilities in accessing their services. The community work of the local disabled persons organization (KDPO) with village groups also backs up the workshop outputs and raises awareness of the rights of citizens with disabilities more generally.

*We should note that men and boys with disabilities are also frequent victims of sexual abuse and some studies show that they are less likely to report incidents of abuse against them.*

6. Please provide here any other information you would like to share with the Advisory committee. Limit 250 words

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The DPO coordinator in this example of good practice was the driving force behind the initiative. She was a central actor in convening the stakeholders workshop and crucially secured the participation of local persons with disabilities and relevant local leaders and professionals.

Advantage Africa and KDPO have worked for the rights of persons with disabilities in this community for over 10 years. Until this recent initiative KDPO have, on numerous occasions, been frustrated in their efforts to access justice for persons with disabilities who are survivors of sexual abuse. They have experienced indifference and in some cases obstructive attitudes and practices at all levels, from family to formal services. The reasons behind these attitudes and practices were exposed in the workshop, and are multiple and complex. They include some people's perceptions that rape is not a serious crime, in the context of a largely patriarchal society and examples of cultural norms which permit practices that are contrary to the accepted international rights of women and girls (and boys and men). Sexual abuse often occurs at the home or close to the home of the victim. However incidents of abuse are under-reported and it is sometimes the close relatives that do not wish to take formal action against perpetrators. Survivors may lack resources or knowledge of how to take action and the perpetrators may be fathers and husbands, they may be family bread winners and they may also issue serious threats against informers. The formal services such as the local government administration and the police can be accused of not securing convictions, but without the cooperation of the injured party and witnesses, prosecutions are not possible. For this reason the whole community including civil society and public services must work together – hence the title of this good practice; Multi-Sector Community Responsibility.

7. Please give us the names and contact details of at least 3 references who can verify the positive impact of your good practice. We would prefer references from people outside of your organization, unless they are direct beneficiaries.

**Reference 1:** Mary Wickenden, Senior Research Fellow, Institute for Global Health, , University College London – [m.wickenden@ucl.ac.uk](mailto:m.wickenden@ucl.ac.uk)

**Reference 2:** David Kariuki, Community Based Rehabilitation Consultant and Physiotherapist - Kibwezi, Eastern Kenya – [dkarism@yahoo.co.uk](mailto:dkarism@yahoo.co.uk)

**Reference 3:** Ruth Juliet Nyambura Gachanja, Legal Advocate, The Cradle – The Children Foundation - [info@thecradle.or.ke](mailto:info@thecradle.or.ke)

## Appendix 2.

### Topic guide for individual semi-structured 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:

- You can think about adults and children and also males and 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 it different for boys/men vs girls/women?
- 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:

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- 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:
- If no guidelines – what do you think of that idea? Do you think some should be developed?
  - Do you know if there are any national or international guidelines about this topic for your profession? Do you think there should be?
  - 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!**

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### Appendix 3.

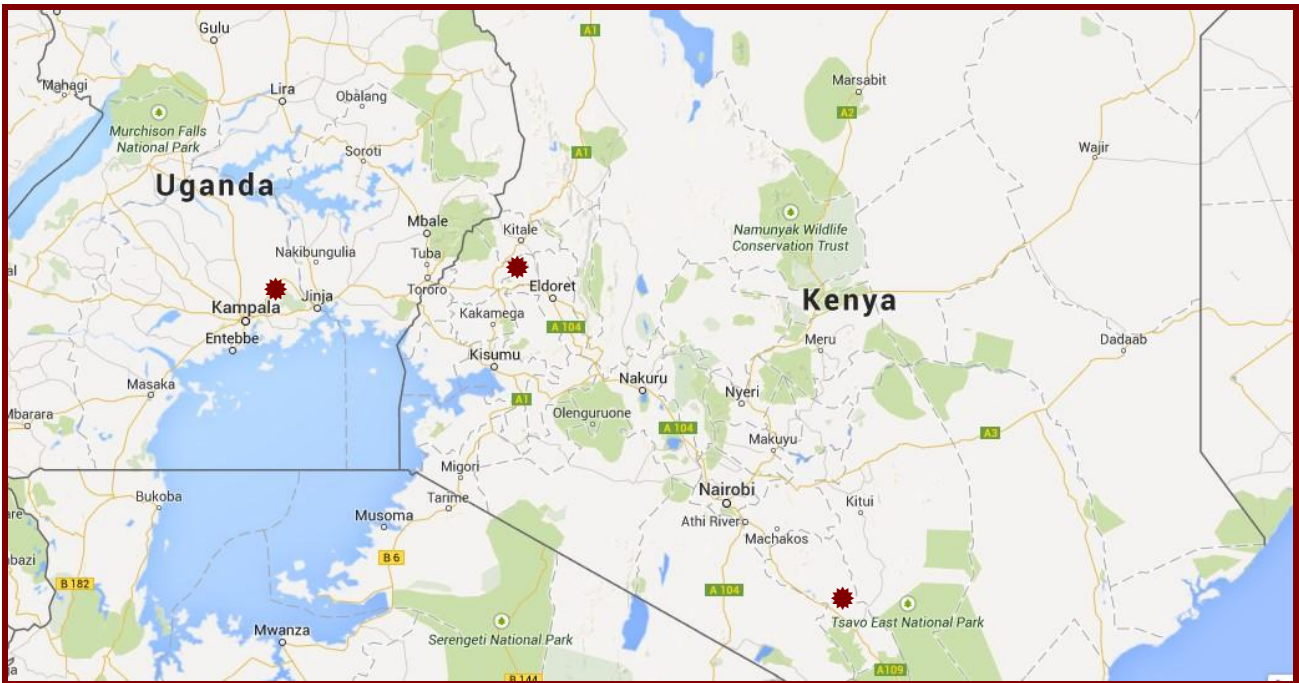
#### List of individuals interviewed, by location.

Interview Respondents	Eastern Uganda	Western Kenya	Eastern Kenya
LC1 (Uganda only)	✓		
LC2 (Uganda only)	✓		
LC3 (Uganda only)	✓		
Village Elder (Kenya only)		✓	✓
Clan Leader (Uganda only)	✓		
Assistant Chief		✓	✓
District Councillor for Disabled Women	✓		
District Councillor for Disabled Men	✓		
Municipality Councillor for Disabled Women	✓		
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		✓	
Special Education Teacher	✓		✓
Head Teacher (main stream)	✓	✓	✓
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		✓	✓



## Appendix 4.

Map of research locations, indicated with 🌟



## Appendix 5.

### Photographs from the project

Below are a small selection of photographs from the project. We also have several videos of researchers and others talking about their experiences of dealing with the sexual abuse of persons with disabilities which are likely to be published along with the other findings in March 2015.



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.



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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 photography at the end of the Mid-project Workshop