



## Annex: Sexual exploitation, abuse and harassment of people with disabilities: mapping of the evidence

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**Query:** Please summarise what is known about the prevalence, incidence and severity of the sexual exploitation and abuse and sexual harassment of people with disabilities. This should take into account age and gender where possible, and humanitarian and conflict contexts. It would be good to know:

- Globally and in specific regions, what evidence exists about the extent of sexual exploitation, abuse and harassment of people with disabilities (disaggregated by age and gender)?
- What evidence exists about the extent of sexual exploitation, abuse and harassment of people with disabilities in the aid sector, including both recipients of aid and working in the aid sector (disaggregated by age and gender)?
- What are the barriers to reporting for people with disabilities?
- What is your assessment of the quality of the evidence? Where are the gaps?

**Enquirer:** Safeguarding Unit, DFID

### 1. Introduction

This document provides a rapid review of the evidence on the scale of sexual exploitation, abuse, and sexual harassment (SEAH) against people with disabilities globally, and within the aid sector, drawing on evidence from other sectors. The information is presented visually using infographics.<sup>1</sup> Section 2 provides a table of the evidence identified.<sup>2</sup>

This rapid research query has been conducted as systematically as possible, under tight time constraints (three days online research). The methodology involves two parts: (1) a mapping of the evidence in Section 3, with methodology described below; and (2) creation of visuals (see accompanying PowerPoint document titled 'Disability Inclusion Helpdesk Q4 SEAH Data').

**Search methodology:** Reports and data were identified through searches using Google and relevant electronic databases for priority sources, as well as through the Disability Inclusive Development Programme consortium partners and other experts in the wider sector. Key search terms included: prevalence, incidence, barriers to reporting, severity, development, United Nations, World Bank, donors, charities, NGO, aid AND disability AND sexual abuse OR sexual exploitation OR sexual harassment.

**Criteria for inclusion:** To be eligible for inclusion in this rapid mapping, reports had to fulfil the following criteria:

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<sup>1</sup> The format is drawn from a DFID Violence Against Women and Girls (VAWG) Helpdesk query which mapped the evidence on prevalence, incidence and severity of SEAH globally and in the aid sector (Fraser, 2018).

<sup>2</sup> Given the limited global and regional prevalence and incidence estimates, selected country-specific studies were included in the mapping.

**Definitions:** “the term “**sexual exploitation**” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Similarly, the term “**sexual abuse**” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.” (UN Secretariat, 2003)

All sexual activity with children (as defined under the UN Convention on the Rights of the Child as any person under the age of 18) is considered to be sexual abuse, regardless of the age of majority or consent locally. Mistaken belief in the age of a child is not a defence.

[UN Secretariat (2003) Special measures for protection from sexual exploitation and sexual abuse]

**The term “sexual harassment”** refers to any form of unwanted verbal, non-verbal or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment.

It is important to note the following in relation to these definitions:

Firstly, that SEAH and sexual intimate partner violence (IPV) have historically been conceptualised as separate in the aid sector. SEAH has typically been related to exploitation, abuse and harassment perpetrated by aid workers, peacekeepers and others in positions of power towards beneficiaries, colleagues and others. SEAH should be considered on a spectrum of gender-based violence, with overlaps with sexual IPV. Whilst there are important overlaps, this query will not focus on sexual IPV.<sup>3</sup>

Secondly, whilst much of the available evidence relates to child sexual abuse and sexual violence against women, this query is also concerned with SEAH against men.

**Note: Prevalence** is a statistical concept referring to the number of cases that are present in a particular population at a given time, whereas **incidence** refers to the number of new cases that develop in a given period of time.<sup>4</sup>

- **Focus:** Data on SEAH, focusing on prevalence, incidence and severity, or barriers to reporting for people with disabilities
- **Time period:** completed between January 2000 and January 2019 (with a preference for sources completed after the UNCRPD in 2008)
- **Language:** English
- **Publication status:** publicly available – in almost all cases available online.

## 2. Overview of the evidence

The evidence base around SEAH against people with disabilities is limited and is subject to a range of methodological and conceptual challenges. As noted in a 2012 systematic review on violence against children with disabilities, “the continued scarcity of robust evidence, due to a lack of well-designed research studies, poor standards of measurement of disability and violence, and insufficient assessment of whether violence precedes the development of disability, leaves gaps in knowledge that need to be addressed” (Jones et al., 2012, p.899). Whilst there is a body of literature examining IPV against people with disabilities, including sexual violence, mainly from high income contexts, there is much less on non-partner sexual exploitation, abuse and harassment. The body of relevant literature is broad and patchy, with significant thematic gaps, many studies examining specific issues related to disability and SEAH, and a limited number of global and regional reviews. There are a small number of

<sup>3</sup> Please note that the literature often does not distinguish between sexual intimate partner and non-partner violence and so some of the evidence presented may apply to both (this is noted in the mapping).

<sup>4</sup> <https://www.medicinenet.com/script/main/art.asp?articlekey=11697>

recent reviews, including two recent systematic reviews, measuring the prevalence of sexual violence against people with disabilities, however prevalence rates are not compared with those amongst the general population. Most of the available evidence comes from high-income countries and focuses on sexual abuse of children with disabilities and adults with intellectual disabilities. Data on SEAH in the aid sector is extremely limited, with no available evidence on SEAH against aid workers with disabilities.

The available evidence suggests there are **some broad conclusions to draw on areas relating to SEAH against people with disabilities**, including:

- **Children with disabilities are at higher risk of violence and abuse** (almost four times the risk as non-disabled counterparts, evidence suggests on average 14% children with disabilities have experienced sexual violence (Jones et al., 2012)
- **Women and girls with disabilities are at higher risk of sexual violence** than non-disabled women and girls, with a recent study suggesting they are 2-4 times more likely to experience (all forms of) intimate partner violence (Dunkle et al., 2018). The risk of non-partner sexual violence also increases for women with disabilities with the severity of the impairment (ibid;)
- There are **high rates of abuse** against people with disabilities **during crises, with one report finding 59% people with disabilities in crises had been abused**<sup>5</sup> (Humanity & Inclusion, 2015). Those with communications difficulties, sight or hearing impairments or problems with memory or concentration appear to be at most risk, and latrines and bathing areas are particularly unsafe spaces (ibid;)
- There are **multiple and intersecting barriers to reporting for people with disabilities**, including **attitudinal**: lack of awareness of abuse and rights, shame and stigmatisation, negative family and service provider attitudes; **environmental**: inaccessible services, lack of transport, and communications barriers; and **institutional**: lack of data, legislation, limited training of service providers, lack of engagement with disabled people's organisations (DPOs) and communication and coordination between agencies.

This review also **highlighted the following notable evidence gaps and limitations**:

- Systematic reviews are few and there are several gaps in the available meta-analysis, for example SEAH against men with disabilities. Systematic reviews also struggle to estimate global prevalence rates as studies tend to focus on single impairment types and types of abuse.

**With relation to disability:**

- Studies often do not define disabilities, or the impairment type they examine and rarely note the measures they used to assess disability. A significant gap is the lack of use of standardised measures such as the Washington Group Questions.
- The available studies examining SEAH rarely disaggregate data by disability, meaning that little is known about the differential risks and impacts of disabled and non-disabled populations.
- There is limited data on SEAH against people with specific impairment types including sensory and physical disabilities, with studies tending to focus on intellectual or psychosocial disabilities.
- Studies often don't assess the temporal onset of the disability. The two-way link between violence, including sexual violence, and disability, including psychosocial disabilities, is outlined

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<sup>5</sup> Drawn from an online survey of 484 people with disabilities. Question not clear so unable to ascertain timeframe, eg. in the past 12 months, ever, or other.

in the literature showing mental health conditions both as a risk factor and consequence of violence.

**With relation to SEAH:**

- The available studies examining sexual abuse and violence against people with disabilities often do not disaggregate by type of abuse or perpetrator, meaning it is unclear whether the abuse is sexual or how much prevalence rates relate to IPV as opposed to non-partner sexual violence.
- Evidence on SEAH in the aid sector is extremely limited but particularly against aid workers with disabilities. It is mentioned in a handful of studies though prevalence and incidence data is non-existent.

**Others:**

- Whilst there is some literature on sexual abuse of older people in care homes in high-income contexts, this does not include prevalence data<sup>6</sup> and evidence on SEAH against older people with disabilities is generally lacking. It is important to note that prevalence data on violence against older people is lacking as most DHS stops at 49. Studies which consider the gendered nature of SEAH against older people with disabilities are particularly rare.
- There is a lack of evidence from low- and middle-income countries, with most evidence coming from high-income contexts including the UK, Norway, US, Australia and Canada.

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<sup>6</sup> See for example this 2015 literature review which looked at studies of sexual abuse against older people in care homes and found none of the available studies measured prevalence:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302365/>

### 3. Mapping of the evidence<sup>7</sup>

An overview of the key data on sexual exploitation and abuse is presented in the accompanying PowerPoint document.

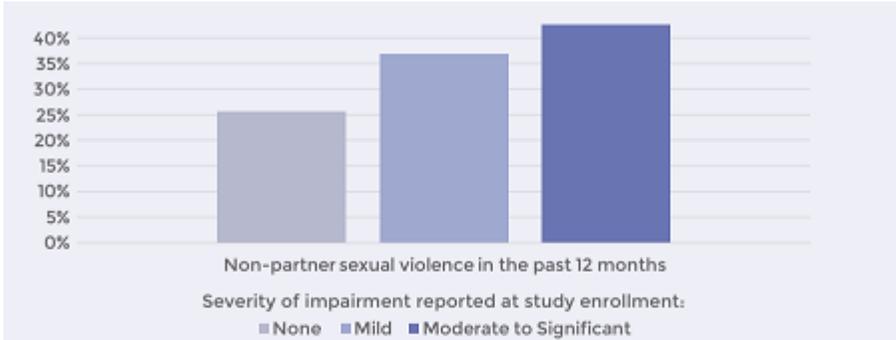
What is known about prevalence, incidence and severity of the sexual exploitation and abuse and sexual harassment of people with disabilities	Geographical location	Reference	Note on quality of evidence
<b>Globally</b>			
<p>Overall, <b>children with disabilities are almost four times more likely to experience violence than children without disabilities.</b></p> <p>Pooled prevalence estimates were 26.7% for combined violence measures, 20.4% for physical violence, and <b>13.7% for sexual violence.</b></p> <p><b>Highlighted evidence gaps:</b> “the continued scarcity of robust evidence, due to a lack of well-designed research studies, poor standards of measurement of disability and violence, and insufficient assessment of whether violence precedes the development of disability, leaves gaps in knowledge that need to be addressed”.</p>	Global	<p>Jones, L et al (2012) <a href="#">‘Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies’</a>, <i>The Lancet</i>, vol. 380, No. 9845.</p>	<p>Systematic review and meta-analysis (1990-2010). 10,663 studies were initially identified, 17 studies were selected</p>
<p>This review estimates <b>global prevalence of sexual violence against people with disabilities in the last 12 months at 5.5%</b>. The study finds that adults with disabilities are at a higher risk of all types of violence than non-disabled adults. Adults with psychosocial disabilities were found to be particularly vulnerable, however barriers to data collection with people with other types of impairments were suggested as exaggerating the difference in prevalence across impairment types. The review was not able to develop pooled prevalence estimates for violence against people with physical or sensory impairments due to the limited number of quality studies.</p> <p>Report notes methodological weaknesses in the studies available, and lack of comparability due to gaps in the types of disability and violence addressed. There was substantial heterogeneity in prevalence rates and risk calculations across studies. There is a particular <b>lack of robust studies in low and middle-income contexts where 80% of people with disabilities live</b> (the selected studies came from six high-income countries and one middle-income country – South Africa).</p> <p><b>Age and sex-disaggregated prevalence rates and risk calculations were not included.</b></p>	Global	<p>Hughes, K., Bellis, M., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T, Officer, A. (2012). <a href="#">Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies</a>. <i>The Lancet</i>, 379: 9826, 1621-1629.</p>	<p>Systematic review and meta-analysis of observational studies (1990-2010), 10,663 studies were initially identified; 26 studies were selected.</p>
<p><b>No data on disabilities.</b> Report notes “<b>significant data gap</b>” for disability (p. 50). Also, <b>more adults with long-term illnesses or disabilities reported abuse.</b></p>	UK / European Union	<p>Kelly, L and Karsna, K (2017) <a href="#">Measuring the scale and changing nature of child sexual</a></p>	<p>Reviews of existing prevalence</p>

<sup>7</sup> Please note studies are ordered in terms of relevance to the query question, starting with systematic reviews and other global studies.

<p>The conclusions in meta-analysis suggest that <b>minimum estimates of child sexual abuse (CSA) are 15–20% for girls and 7–8% for boys.</b></p>		<p><a href="#">abuse and child sexual exploitation</a>, London: Centre for Expertise on Child Sexual Abuse.</p>	<p>estimates of CSA, research on the scale of CSE and the official data on recorded cases (number of studies reviewed not clear)</p>
<p><b>No data on disabilities.</b> Comprehensive meta-analysis combines prevalence figures of childhood sexual abuse, with key findings including:</p> <ul style="list-style-type: none"> <li>• 12.7% in self-report studies and 4% in informant studies.</li> <li>• Self-reported CSA was more common among female (18%) than among male participants (7.6%).</li> </ul> <p>The results of the meta-analysis confirm that <b>CSA is a global problem of considerable extent</b>, but also show that methodological issues drastically influence the self-reported prevalence of CSA.</p>	<p>Global</p>	<p>Stoltenborgh, M., van IJzendoorn, M.H., Euser, E.M. and Bakermans-Kranenburg, M.J. (2011) <a href="#">A global perspective on child sexual abuse: meta-analysis of prevalence around the world</a>. <i>Child Maltreatment</i>, 16:79–101.</p>	<p>Meta-analysis which combined prevalence figures of childhood sexual abuse reported in 217 publications published between 1980 and 2008, including 331 independent samples with a total of 9,911,748 participants</p>
<p><b>No data on disabilities.</b> Mentions disability as a consequence of violence against women. Prevalence estimates for the general population were:</p> <ul style="list-style-type: none"> <li>• The global lifetime prevalence of intimate partner violence among ever-partnered women is 30.0%</li> <li>• The global lifetime prevalence of non-partner sexual violence is 7.2%</li> </ul>	<p>Global</p>	<p>WHO (2014) <i>Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence</i>, Geneva: WHO.</p>	<p>First systematic review on global and regional prevalence of two forms of violence against women — violence by an intimate partner (intimate partner violence) and sexual violence by someone other than a partner (non-</p>

			partner sexual violence).
<p>Notes that global studies that <b>girls and young women with disabilities are at increased risk of violence, abuse and exploitation</b> compared with those without disabilities, and with boys and young men with disabilities.</p> <p>Also notes that “<b>Belonging to a racial, religious or sexual minority, or being poor</b>, also increases the risk factor for sexual abuse for girls and young women with disabilities” (p.13). <b>Humanitarian emergencies</b> can also generate additional risks of sexual violence and trafficking that affect girls with disabilities.</p> <p>Summarises <b>challenges for girls and women with disabilities to reporting abuses</b>: “the risk of being removed from their homes and institutionalized; stigmatization; fears with regard to single parenthood or losing child custody; the absence or inaccessibility of violence prevention programmes and facilities; the fear of the loss of assistive devices and other supports; and the fear of retaliation and further violence by those on whom they are both emotionally and financially dependent. In addition, when, as survivors of sexual violence, they report the abuse or seek assistance or protection from judicial or law enforcement officials, teachers, health professionals, social workers or others, their testimony, especially that of girls and women with intellectual disabilities, is generally not considered credible, and they are therefore disregarded as competent witnesses, resulting in perpetrators avoiding prosecution. Physical and communication barriers in the justice system hinder access to justice”. (p.14)</p>	Global	Report of the Special Rapporteur on the rights of persons with disabilities (2017) <a href="#">Sexual and reproductive health and rights of girls and young women with disabilities</a> , New York: OHCHR.	Annual report by the Special Rapporteur. Based on 47 responses to questionnaire sent to Member States, national human rights institutions and civil society including DPOs.
<p>The report includes a literature review which highlights that the available research suggests <b>children at greatest risk of (all forms of) abuse are children with behaviour/conduct disorders</b>, whilst children with learning disabilities, speech and language difficulties and deaf children constitute other high-risk groups. The report highlights the following studies:</p> <ul style="list-style-type: none"> <li>• New Zealand: Briggs (2006): found <b>children with learning disabilities are at heightened risk of sexual abuse</b>, possibly because they may be less likely to recognise and report abuse and be seen as competent witnesses in judicial proceedings. Please note the small sample of 116.</li> <li>• Norway: Kvam (2004): <b>45.8% deaf girls and 42.4 % deaf boys had been exposed to unwanted sexual experiences (sample size: 1,150)</b>. Deaf girls were more than twice as likely to experience childhood sexual abuse with physical contact than hearing girls, and deaf boys were three times as likely. The report also notes ‘the difference in prevalence increased with the seriousness of the abusive event.’</li> <li>• A number of studies from the late 90s and early 2000s suggest <b>boys with disabilities are more likely to be victims of (any type of) abuse than girls with disabilities</b>, referencing a number of studies including Kvam, 2004.</li> </ul>	Global (UK)	NSPCC (2014) <a href="#">‘We have the right to be safe’ Protecting disabled children from abuse</a> , London, UK: NSPCC.	Literature review; methodology unclear.

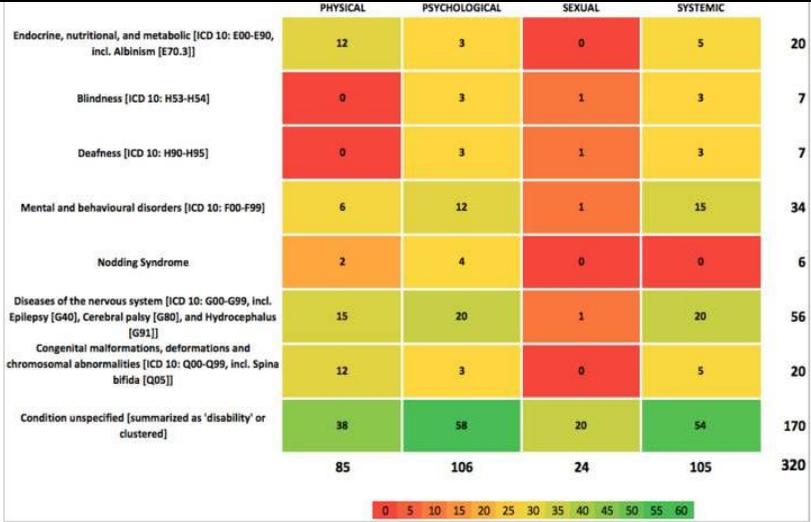
<p>However, this may be partly due to the under-diagnosis of impairments in girls who have experienced abuse.</p> <ul style="list-style-type: none"> <li>• There appears to be <b>mixed evidence on the relationship between severity of impairment and risk of abuse</b>. Herschkowitz et al. (2007 – Israel, sample 40,430 children) found that the risk of abuse increases the more severe the impairment, though Fisher et al., (2004 – evidence review) found that children with milder impairments, including behavioural problems, were more likely to have experienced abuse.</li> </ul> <p>Herschkowitz et al, (2007) found that <b>children with disabilities were more likely to delay reporting of (any type of) abuse than non-disabled children</b>. Briggs (2006) found that girls with disabilities were more likely to report sexual abuse than boys with disabilities. Barriers outlined include lack of awareness about sexual abuse and limited knowledge of rights.</p> <p>The report highlights a number of evidence gaps, including on LGBT+ children, children from minority ethnic groups, witchcraft accusations and abuse of disabled children,</p>			
<p>References a number of prevalence studies, including several studies in the US and Canada showing <b>women with disabilities are at least twice as likely as women without disabilities to experience sexual abuse</b> (Smith 2008 – US, sample size 356,112 men and women; Brownridge 2006 – Canada, sample of 7,027 women; Chenoweth, 1996 - theoretical; Nosek, Howland &amp; Hughes 2001 - theoretical; Hassouneh Phillips &amp; Curry, 2002 – literature review).</p> <p><b>Some types of impairment are associated with higher risk of (all types of) violence</b>, including ‘impairments that reduce emotional and physical defences, communication barriers that hamper the reporting of violence, societal stigma and discrimination, and institutionalization’ (Nosek, Howland &amp; Hughes 2001; Saxton, Curry, Powers et al 2001 – please note this was a small sample size of 72). <b>Mental health as a risk factor and consequence</b> of (both physical and sexual) violence is highlighted.</p> <p>Report notes several studies showing the <b>most likely perpetrator of (any type of) violence towards women with disabilities is their intimate partner</b> (Brownridge 2006; Brownridge 2009, Milberger 2003; Martin et al 2006; McFarlane et al 2001; Young et al 1997).</p> <p><b>Barriers to reporting</b> include:</p> <ul style="list-style-type: none"> <li>• Lack of awareness of what constitutes abuse or ability to comprehend what is happening;</li> <li>• Lack of awareness of rights and legislation, limited access to information on prevention and protection;</li> <li>• Fear of institutionalization;</li> <li>• Lack of screening for violence;</li> </ul>	Global	Van der Heijden, I. (undated) <a href="#"><u>What Works to Prevent Violence Against Women with Disabilities</u></a> , Pretoria: What Works.	Desk review (not systematic) of development reports, other reviews, commentaries of interventions and published research studies.

<ul style="list-style-type: none"> <li>• Lack of physical access to justice system and courts, communication barriers and not seen as a credible witnesses;</li> <li>• Insensitive behaviour by service providers;</li> <li>• Limited understanding of social workers on the issues facing women with disabilities, whilst disability sector workers may have limited understanding of the high risk of violence;Lack of networking amongst agencies creating service gaps, for example being referred back and forth between two agencies as cases may fall outside the guidelines of both.</li> </ul>			
<p>Evidence brief from DFID What Works to Prevent Violence Against Women and Girls, highlights the <b>risk of non-partner sexual violence increases with the severity of disability</b>. For example, in South Africa, 42.7% of young women with moderate to severe impairments reported sexual violence from a man other than an intimate partner over the past 12 months, compared to 35.7% of women with mild impairments, and 25.5% of women without impairments (see chart below). This is based on analysis of 681 women participating in the What Works Stepping Stones Creating Futures Project in informal settlements outside Durban, South Africa.</p>  <p><b>FIGURE 2:</b> Experience of non-partner sexual violence among women in Stepping Stones Creating Futures, South Africa, by severity of disability at study enrollment</p>	Global (South Africa)	Dunkle, K., van der Heijden, I., Stern, E., and E. Chirwa (2018) <a href="#">Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme</a> , Pretoria: What Works.	Evidence brief highlighting data from experimental evaluation baseline reports overseen by the What Works programme consortium.
<p>Report highlights a number of <b>barriers to reporting</b>, including: dependence on abusers; social norms dictating violence is resolved privately; additional stigma due to people with disabilities not being seen as sexual beings; inability of women to access justice systems without a male relative; challenges identifying and communicating abuse for women and girls with intellectual disabilities; perceptions around low quality response from healthcare workers and the police; discriminatory attitudes in the judicial system; lack of gender and disability-friendly legislation.</p>	Global	UNFPA (2018), <a href="#">Young Persons with Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights</a> , New York: UNFPA.	Literature review, consultation with national and international experts and advocates, four country visits and technical advisory review.

<p>Review found <b>children and adults with an intellectual disability are at a higher risk of sexual abuse than those without intellectual disabilities</b>. The review references a number of studies, including:</p> <ul style="list-style-type: none"> <li>• Turkey: Akbas et al (2004): 52% of children assessed for sexual abuse (please note, this was a small sample of 40 children) were found to have an IQ within the borderline/intellectual disability range.</li> <li>• UK: Balogh et al. (2001): 49% children and adolescents with intellectual disabilities referred to psychiatric services had experienced sexual abuse (please note this study also had a small sample size – case note review of 43 cases)</li> <li>• US: Martin et al. (2006): survey of 5,694 women in North Carolina found that women with disabilities were at greater risk of sexual assault, with 1.5% women with disabilities reporting sexual assault in the past year versus 0.6% non-disabled women.</li> <li>• Israel: Reiter et al. (2007): 40% students with cognitive impairments reporting experiencing sexual harassment in comparison to 16% students without disabilities (small sample of 100 children).</li> <li>• Taiwan: Lin et al., (2009): using a national sample, this study found those with a disability were 2.7 times more likely to have experienced sexual abuse than those without a disability.</li> <li>• Country unclear: Euser et al., (2015): highlights the increased risk to children living in residential care compared with those living at home. The study of 1,000 children with intellectual disabilities found 9.8% those in residential care had experienced sexual abuse, a rate nearly three times higher than for those who were at home. Note data comes from a survey of 104 professionals reporting on 1,650 cases.</li> <li>• UK: Spencer et al. (2005): children with intellectual disabilities six times as likely to experience sexual abuse (whole population study in the UK with 120,000 children).</li> </ul> <p>Review also notes there are <b>some studies which have found no differences</b> between sexual abuse experience amongst people with disabilities and people without disabilities or where the relationship is reversed, for example:</p> <ul style="list-style-type: none"> <li>• US: Haydon et al., (2011), analysis of data from 11,878 adults from the National Longitudinal Study of Adolescent Health, found that women with the highest levels of cognitive function were found to be more at risk of sexual abuse than those with average levels.</li> <li>• UK: Khalifeh et al. (2013), a study of 45,000 respondents for the British Crime Survey, found no relationship between sexual abuse experience and intellectual disability (methodological flaws were noted here).</li> </ul>	<p>Global</p>	<p>Byrne, G. (2018) Prevalence and psychological sequelae of sexual abuse among individuals with an intellectual disability: A review of the recent literature. <i>Journal of Intellectual Disabilities</i>, 22(3) 294–310.</p>	<p>In-depth narrative review of the literature, 29 studies included.</p>
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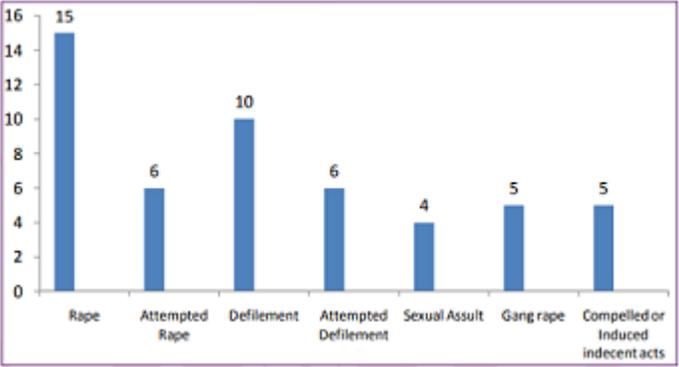
<p>Notes challenges to accurate prevalence estimates, including lack of standardised measures on disability prevalence, small sample sizes, and a tendency to report sexual abuse prevalence together with different types of violence (eg. physical). There is limited research on sexual abuse of men with an intellectual disability.</p> <p>“Roughly 1400 reports of sexual abuse against individuals with an intellectual disability are reported yearly in the United Kingdom, of which only 6% reach court and 1% result in a conviction.”</p>			
<p>This report finds that <b>data on the intersection between age, VAWG and disability is very limited</b>. The report references some studies which have published sex-disaggregated data on prevalence of violence against older people with disabilities (for example Swedish studies cited in Brå, 2008), but comparisons between disabled girls, women of reproductive age, and older disabled women appear to be rare if non-existent.</p> <p>The report references a <b>number of relevant studies</b>:</p> <ul style="list-style-type: none"> <li>• WHO, 2011: The main risk factors for older survivors of violence in Europe were sex (with women more likely to experience violence), high levels of dependency resulting from disability, and mental health problems such as depression.</li> <li>• Sin et al., 2009: a UK qualitative study of risk of targeted violence and hostility found that “the literature points, specifically, to the accumulation of risk as a result of age (both older people and children and young people), gender (especially women) and impairment type (especially learning disabilities and/or mental health conditions)” (p. 69).</li> </ul>	Global	Fraser et al., (2015) <i>Gender-based violence against older women, VAWG Helpdesk Report no. 86</i> , London: VAWG Helpdesk.	Rapid evidence review (helpdesk report – 3 days).
<p><b>In total, 27% of survey respondents with disabilities (from a sample of 484 – countries not specified) reported they have been psychologically, physically or sexually abused in conflict and natural disaster settings</b>, including 33% women with disabilities. The report does not disaggregate data by type of abuse or perpetrator.</p> <p>The report notes shelters, latrines and bathing areas as being unsafe places for people with disabilities in humanitarian settings. The report quotes a disabled woman in Indonesia on sexual harassment in unsafe shelters: “<i>It is also important to address gender-based violence, as many persons and children with disabilities are very vulnerable, and experiencing sexual harassment in unsafe shelters makes us more dependent on others’ help.</i>”</p>	Global	Humanity & Inclusion (2015) <a href="#"><i>Disability in Humanitarian Context: Views from affected people and field organisations</i></a> , Lyon: Handicap International.	Global online consultation of persons with disabilities, disabled people's organisations (DPOs), and humanitarian actors, carried out from April to June 2015 to contribute to the consultations ahead of the World Humanitarian

			Summit. 769 responses were received across three surveys: one targeted at people with disabilities, another at DPOs, and a third at humanitarian actors.
Report notes <b>disability, including psychosocial disabilities, as a consequence of sexual violence against women.</b>	Global	WHO and LSHTM (2010) <a href="#">Preventing Intimate Partner and Sexual Violence Against Women: Taking action and generating evidence</a> , Geneva: WHO.	Policy and programming guidance; scale and scope of literature review unclear.
References communication with UNHCR Nepal showing women with disabilities made up 8% of all sexual and gender-based violence (SGBV) and 25% of all rape survivors in 2007. In response, UNHCR implemented a pilot project training women with speech and hearing disabilities on SGBV and distributed whistles to protect themselves. There were also reports of women with intellectual disabilities going missing from camps and suggestions that they had become victims of trafficking.  In contrast, the research found no known cases of sexual violence against refugee women with disabilities in Jordan and Yemen, and very few in Dadaab refugee camps in Kenya. The report mentions several caveats to these findings, particularly data collection challenges around a sensitive issue such as SGBV.	Global – Nepal, Jordan, Yemen, Ecuador, Thailand	Women's Refugee Commission (2008) <a href="#">Disabilities Among Refugees and Conflict Affected Populations</a> , New York: Women's Refugee Commission.	Global desk review and field research in five humanitarian settings (further info not available).
<b>Regionally</b>			
This review finds a <b>major data gap and lack of research on sexual abuse of children with disabilities</b> as well as <b>significant methodological problems in the available studies.</b>  <b>Data on abuse against children with disabilities in East Africa is almost non-existent</b> , largely because surveys often take place in schools and universities and children with disabilities are less likely to enrol and attend school than their non-disabled counterparts. The heat map below shows the dearth of research on sexual abuse in comparison to other types of abuse.	East Africa (Ethiopia, Kenya, Tanzania, Burundi, Uganda and Rwanda)	Winters et al., (2017) <a href="#">Physical, psychological, sexual, and systemic abuse of children with disabilities in East Africa: Mapping the evidence</a> , <i>PLOS One</i> , 12(9).	Rigorous evidence mapping of studies on (all forms of) abuse against children with disabilities in East Africa. 6,005 studies were screened,

 <table border="1" data-bbox="203 193 1014 715"> <thead> <tr> <th></th> <th>PHYSICAL</th> <th>PSYCHOLOGICAL</th> <th>SEXUAL</th> <th>SYSTEMIC</th> <th></th> </tr> </thead> <tbody> <tr> <td>Endocrine, nutritional, and metabolic [ICD 10: E00-E90, incl. Albinism [E70.3]]</td> <td>12</td> <td>3</td> <td>0</td> <td>5</td> <td>20</td> </tr> <tr> <td>Blindness [ICD 10: H53-H54]</td> <td>0</td> <td>3</td> <td>1</td> <td>3</td> <td>7</td> </tr> <tr> <td>Deafness [ICD 10: H90-H95]</td> <td>0</td> <td>3</td> <td>1</td> <td>3</td> <td>7</td> </tr> <tr> <td>Mental and behavioural disorders [ICD 10: F00-F99]</td> <td>6</td> <td>12</td> <td>1</td> <td>15</td> <td>34</td> </tr> <tr> <td>Nodding Syndrome</td> <td>2</td> <td>4</td> <td>0</td> <td>0</td> <td>6</td> </tr> <tr> <td>Diseases of the nervous system [ICD 10: G00-G99, incl. Epilepsy [G40], Cerebral palsy [G80], and Hydrocephalus [G91]]</td> <td>15</td> <td>20</td> <td>1</td> <td>20</td> <td>56</td> </tr> <tr> <td>Congenital malformations, deformations and chromosomal abnormalities [ICD 10: Q00-Q99, incl. Spina bifida [Q05]]</td> <td>12</td> <td>3</td> <td>0</td> <td>5</td> <td>20</td> </tr> <tr> <td>Condition unspecified [summarized as 'disability' or clustered]</td> <td>38</td> <td>58</td> <td>20</td> <td>54</td> <td>170</td> </tr> <tr> <td></td> <td>85</td> <td>106</td> <td>24</td> <td>105</td> <td>320</td> </tr> </tbody> </table>		PHYSICAL	PSYCHOLOGICAL	SEXUAL	SYSTEMIC		Endocrine, nutritional, and metabolic [ICD 10: E00-E90, incl. Albinism [E70.3]]	12	3	0	5	20	Blindness [ICD 10: H53-H54]	0	3	1	3	7	Deafness [ICD 10: H90-H95]	0	3	1	3	7	Mental and behavioural disorders [ICD 10: F00-F99]	6	12	1	15	34	Nodding Syndrome	2	4	0	0	6	Diseases of the nervous system [ICD 10: G00-G99, incl. Epilepsy [G40], Cerebral palsy [G80], and Hydrocephalus [G91]]	15	20	1	20	56	Congenital malformations, deformations and chromosomal abnormalities [ICD 10: Q00-Q99, incl. Spina bifida [Q05]]	12	3	0	5	20	Condition unspecified [summarized as 'disability' or clustered]	38	58	20	54	170		85	106	24	105	320			41 were selected.
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<p><b>Girls and boys with disabilities were equally likely to suffer a given type of sexual violence once or twice (28% of all cases), but girls were far more likely to suffer a given sexual violence more than 10 times (28%) compared with boys (16%).</b></p> <p><b>Large differences between countries:</b> 52% of respondents in Cameroon and Zambia, 14% in Senegal, 24% in Uganda and 30% in Ethiopia have been sexually abused, with 30% of respondents in Cameroon forced into prostitution.</p> <p>In Ethiopia and Senegal, male respondents reported more sexual violence than females, while the opposite was true in Uganda and Zambia.</p> <p>Respondents with physical, hearing and intellectual disabilities were most likely to be sexually abused between three and 10 times, while those with visual impairments were slightly more likely to suffer an abuse once or twice.</p> <p>Respondents were most at risk of sexual violence between the ages of 14 and 17 (99% in Zambia to 50% in Uganda).</p> <p>Common perpetrators of sexual violence include unrelated children (25%) and adult neighbours (25%), but also boyfriends (13%), teachers (6%), other relatives (6%) and strangers (5%) were all reported with certain frequency.</p>	Africa (Cameroon, Ethiopia, Senegal, Uganda and Zambia)	African Child Policy Forum (2010). <a href="#">Breaking the Silence: Violence against Children with Disabilities in Africa</a> , Addis Ababa, African Child Policy Forum.	956 in-depth structured interviews with young disabled people aged 18-24.																																																												
<p>The report sees <b>sexual violence against children with disabilities as an under-researched issue</b>, meaning there is not enough data to demonstrate the true extent of the picture. The report cites the following prevalence studies:</p>	Africa – (Burundi, Madagascar,	Save the Children & Handicap International (2011) <a href="#">Out of the Shadows: Sexual Violence Against Children with Disabilities</a> . London, UK: Save the Children UK.	Qualitative study - interviews with 89 adults with disabilities who																																																												

<ul style="list-style-type: none"> <li>US: <a href="#">Sullivan and Knutson (2000)</a>: children with disabilities three-four times more likely to experience sexual abuse than non-disabled children (risk estimated by comparing school-level data on 50,278 children with records from social services and foster care boards).</li> <li>US: Sullivan and Knutson (1998): children with disabilities three times more likely to experience sexual abuse than non-disabled children (using records from 39,352 paediatric patients merged with records from social services and police).</li> <li>Norway: Kvam (2004): 80% of 1,150 people who are deaf reported experiencing sexual abuse at some point in their lives.</li> </ul> <p><b>Social barriers:</b></p> <ul style="list-style-type: none"> <li>Children with disabilities lack awareness of abuse, their rights and reporting avenues, compounded by isolation from other children and adults.</li> <li>Difficulty assessing inappropriate touching particularly for children with high levels of dependency with regards to intimate care.</li> </ul> <p><b>Environmental barriers:</b></p> <ul style="list-style-type: none"> <li>Physical inaccessibility of places where help can be sought, compounded by dependency on family members/carers.</li> <li>Cost of travel to places where help can be sought.</li> </ul> <p><b>Institutional barriers:</b></p> <ul style="list-style-type: none"> <li>Lack of awareness of legal frameworks and procedures in the medical profession, judiciary and police.</li> <li>Culture of impunity, low conviction rates and leniency towards perpetrators.</li> <li>Legislation discriminates against children with disabilities, for example evidence relying on visual identification of the perpetrator can be difficult for children with visual impairments.</li> <li>Lack of interpreters to support children with hearing and communication impairments through the judicial system.</li> <li>Low reporting leads to under-investment and knowledge of the scale of the problem, itself leading to low reporting.</li> </ul>	Mozambique and Tanzania)		had been abused as children, as well as 152 carers and professionals associated with their protection, including carers, lawyers, judges, police, social workers, teachers and members of DPOs
<p>Girls and boys with different types of impairments are vulnerable to many forms of violence, but violence is most noticeable for children with intellectual impairments and communication difficulties. In addition, girls with disabilities were more likely to report emotional and sexual violence than girls without disabilities.</p> <p>The report notes that “although sexual abuse by strangers was more frequently cited as a concern by caregivers, key informants working in child protection noted that abuse was much more likely to be perpetrated by people known to the child” (p.40)</p>	Africa (Uganda and Malawi)	PLAN/ICED/SAME/London School of Hygiene and Tropical Medicine (2016) <a href="#">Protect us! Inclusion of children with disabilities in child protection</a> , Woking: Plan International.	Desk Review. Quantitative analysis of Raising Voices Good School Toolkit. Qualitative research with children aged 6-

<p>Children with disabilities find it <b>difficult to access community-based child protection mechanisms</b>, due to a range of barriers including:</p> <ul style="list-style-type: none"> <li>• Environmental barriers – physical access</li> <li>• Social barriers - ability of children to access mechanisms independently; communication; attitudes and misconceptions; the impact of poverty</li> <li>• Institutional barriers: lack of training; lack of inclusive child protection programming.</li> </ul> <p><b>The report also identifies enablers:</b></p> <ul style="list-style-type: none"> <li>• Social enablers: sensitisation and enhanced knowledge of disabilities; improving access to healthcare, rehabilitation and education for children with disabilities. Institutional enablers: collaboration with DPOs; use of community-based volunteers</li> </ul>			18 years (20 in each setting)
<p>This report notes <b>prevalence data is limited in East Africa</b>. Despite this, 80.5% of the 52 interview respondents (including service providers, DPOs and others) thought sexual abuse against people with disabilities was common or very common. Respondents felt <b>girls and women with disabilities, particularly adolescent girls, were at increased risk</b>, however some acknowledged <b>boys with disabilities may be less likely to report</b>.</p> <p><b>Barriers to reporting</b> outlined were: shame and stigma, threats and coercion by the perpetrator, lack of trust in professional services, requirement for payment to service providers, prolonged and untrustworthy legal services, and attitudes of service providers towards persons with disabilities.</p>	Africa (Kenya, Uganda)	Advantage Africa (2016) <a href="#">An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa</a> , UK: Advantage Africa.	52 structured interviews and nine focus group discussions with service providers, DPOs and others.
<p>This study found that people with disabilities are over-represented in those reporting bullying and unfair treatment, however there was <b>no data on sexual harassment specifically</b>.</p>	Europe	European Union (2018) <a href="#">Bullying and Sexual Harassment in the Workplace, in Public Spaces, and in Political Life in the EU</a> , Brussels: European Union	Methodology unclear; possibly desk review
<p>This study found <b>lifetime prevalence of sexual violence against women with disabilities in Nepal to be 21.5%</b>. Prevalence of sexual violence <b>in the last 12 months was 9.7%</b>. The study did not disaggregate between intimate partner and non-partner sexual violence.</p>	Nepal	Puri et al., (2015) <a href="#">Hidden voices: prevalence and risk factors for violence against women with disabilities in Nepal</a> , <i>BMC Public Health</i> , 15:261.	Cross-sectional survey of 475 women with disability aged 16 years and above in three districts in Nepal, plus in-depth interviews with 12 women who reported violence.

<p>Study of sexual violence against women with intellectual disabilities in Kenya. <b>51% women with intellectual disabilities had experienced sexual violence in their lives.</b> The numbers of women who reported different types of abuse is outlined in the table below:</p> <p><i>Chart 6: Nature of Sexual Abuse encountered by the Respondents</i></p>  <p>Women were <b>most likely to be abused by family members</b>, followed by strangers and robbers, however peers, neighbours, teachers and healthcare providers were also common. Just <b>5% women respondents rated support services as excellent, whilst 35% rated them fair and 33% rated them poor.</b></p>	<p>Kenya</p>	<p>Coalition on Violence Against Women (2013) <a href="#">Baseline survey: The knowledge, awareness, practice &amp; prevalence rate of gender based violence (GBV) especially sexual violence among women and girls with intellectual disabilities</a>, Nairobi: COVAW.</p>	<p>Desk review; quantitative survey with a sample of 203, and qualitative component including focus group discussions. A reading of the report suggests some issues around the design of the quantitative survey, although these do not appear to relate to the question on prevalence.</p>
<p>Research on the impact of conflict-related sexual violence on mental health outcomes is limited. This survey finds that conflict-related sexual violence is significantly associated with severe forms of post-traumatic stress disorder.</p>	<p>DRC</p>	<p>Dossa, N. et al., (2014) <a href="#">Mental Health Disorders Among Women Victims of Conflict-Related Sexual Violence in the Democratic Republic of Congo</a>, <i>Journal of Interpersonal Violence</i>, 1–22.</p>	<p>Cross-sectional population-based study of 320 women living in Goma, DRC.</p>
<p>This study found <b>men with disabilities:</b></p> <ul style="list-style-type: none"> <li>were more likely than men without disabilities to report lifetime sexual violence (8.8% vs 6.0%).</li> <li>were more likely than men without disabilities to report lifetime experience of attempted and completed non-consensual sex.</li> </ul> <p>The study found <b>women with disabilities were most likely to report overall lifetime experience of sexual violence</b> followed by women without disabilities (25.6% vs 14.7%). The survey did not ask separate questions on intimate partner and non-partner sexual violence.</p>	<p>US</p>	<p>Mitra et al., (2016) <a href="#">Prevalence and Characteristics of Sexual Violence Against Men with Disabilities</a>, <i>American Journal of Preventative Medicine</i>, 50: 3, 311-57.</p>	<p>Secondary analysis of 2005–2007 Behavioral Risk Factor Surveillance System (BRFSS), state-based system of random-digit-dialed telephone health surveys in</p>

			the U.S. (sample size not clear though report mentions samples from 2005-2007 were pooled to allow sufficient power.
This mixed-method study found that 54% girls with intellectual disabilities who had been trafficked had experienced child sexual abuse, 79% had experienced sexual assault, however differences of experience of sexual assault and abuse between girls with and without intellectual disabilities were not significant.	US	Reid, J. (2018) <a href="#">Sex Trafficking of Girls With Intellectual Disabilities: An Exploratory Mixed Methods Study</a> . <i>Journal of Sexual Abuse</i> , 30(2) 107–131	Analysis of sample of case records; (54 cases selected through purposive sampling to avoid putting youth at additional risk); key informant interviews with mental health workers and case managers.
This study found that people with disabilities were significantly more likely to experience all types of violence, including sexual violence, in the past 12 months and since the age of 15. Women were more likely to experience sexual and partner violence and men were more likely to experience physical violence.  16.8% women with disabilities had experienced harassment or stalking compared with 13.9% women without disabilities.	Australia	Krnjacki et al., (2015) <a href="#">Prevalence and risk of violence against people with and without disabilities: findings from an Australian population-based study</a> , in <i>Australia and New Zealand Journal of Public Health</i> , 40:1.	Analysis of the 2012 Australian Bureau of Statistics Survey on Personal Safety of more than 17,000 adults.
This study found that 23.6% girls with disabilities reported experience of sexual violence compared with 12.3% girls without disabilities. The school environment was the most commonly-cited place for violence to occur. Girls with disabilities were more than twice as likely to report sexual violence by peers than girls without disabilities. Differences between disabled and non-disabled boys were not significant.	Uganda	Devries et al., (2014) <a href="#">Violence against primary school children with disabilities in Uganda: a cross-sectional study</a> , in <i>BMC Public Health</i> , 14:1017.	Secondary analysis of data from the baseline survey of the Good Schools Study, a randomised controlled trial. 3,706 children aged 11-14 were

			randomly sampled from 42 primary schools.
<p>This report notes there is <b>no disaggregated data on violence against women and girls with disabilities</b> in India, however some states are beginning to disaggregate data. Despite this, there is recognition that women and girls with disabilities are at higher risk of sexual violence. The report notes the following studies:</p> <ul style="list-style-type: none"> <li>• Mohapatra and Mohanty (2004): survey of 729 respondents in 12 districts in Odisha found 25% women with intellectual disabilities had experienced rape.</li> </ul> <p>The study notes the following barriers to reporting:</p> <ul style="list-style-type: none"> <li>• <b>Stigma and victim-blaming</b>, particularly related to stereotypes around hyper-sexuality and asexuality. Stigma and discrimination against people with disabilities leads to failure to recognise the gravity of sexual abuse and condone it. A community activist mentioned one case in which a woman with cerebral palsy and multiple disabilities was raped by three acquaintances: “The villagers took sides. They felt that ‘productive’ men in their prime were jailed due to an ‘unproductive’ woman who cannot even walk or talk properly.”</li> <li>• <b>Lack of access to information</b>, including on rights and legal frameworks.</li> <li>• <b>Lack of reasonable accommodations</b>, including police and court failure to follow provisions for accommodations despite being outlined in Indian law. This is sometimes due to police failure to record a disability in paperwork.</li> <li>• <b>Insensitivity and discrimination</b> by police officers</li> <li>• <b>Lack of police training</b></li> <li>• <b>Lack of legal and support service referrals</b></li> </ul>	India	Human Rights Watch (2018) <a href="#">Invisible Victims of Sexual Violence: Access to Justice for Women and Girls with Disabilities in India</a> , New York: Human Rights Watch.	Qualitative investigation of a selection of cases of sexual violence against women and girls with disabilities in India, including in-depth interviews and key informant interviews.
<p>This study finds <b>access to shelters for women and girl survivors of abuse is sometimes restricted for women and girls with physical and psychosocial disabilities.</b></p>	Ethiopia	UN Women (2016), <a href="#">Shelters for Women and Girls who are Survivors of Violence in Ethiopia: National Assessment on the Availability, Accessibility, Quality and Demand for Rehabilitative and Reintegration Services</a> , Addis Ababa: UN Women.	Qualitative study including literature review, key informant interviews, in-depth interviews, case studies and observation.
<b>Within the Aid sector</b>			
<p>The report notes the <b>importance of regular engagement with DPOs</b> to build trust and ensure reporting systems are accessible for people with disabilities.</p> <p><b>Key barriers</b> identified in the listening exercise include:</p> <ul style="list-style-type: none"> <li>• Lack of accessible infrastructure and transport</li> </ul>	Global	DFID (2018) <a href="#">Sexual Exploitation, Abuse and Harassment in the International Aid Sector: Victim and Survivor Voices: Main Findings from a DFID-led Listening Exercise</a> , London: DFID.	Policy paper, based on consultations with local partners (in 24

<ul style="list-style-type: none"> <li>• Lack of access to interpretation services or information, including those with mental health, psychosocial and intellectual disabilities</li> <li>• Victims and survivors being prevented from accessing humanitarian agencies' offices due to a disability or hardship</li> <li>• Digital technologies have the potential to improve reporting for people with disabilities, but they are not designed with them in mind.</li> </ul>			<p>DFID country offices) and a targeted listening exercise in the UK with representatives of victims and survivors</p>
<p>One of the most comprehensive studies on sexual exploitation, abuse and harassment in the aid sector – notable that there is <b>no mention of disabilities</b>, either by staff or beneficiaries.</p>	<p>Global</p>	<p>Mazaruna, D and Donnelly, P (2017) <a href="#">STOP the Sexual Assault against Humanitarian and Development Aid Workers</a>, Tufts University.</p>	<p>Two studies on this topic by Report the Abuse (1,418 respondents) and the Women's Humanitarian Network (1,005 respondents)</p> <p>30 semi-structured in-depth individual interviews with women, men, LGBT, international, and national aid workers and security officers from aid agencies and subject experts</p>
<p>Survey of women humanitarian workers measuring prevalence of sexual harassment, assault and discrimination, as well as collecting data on reporting. <b>No mention of women with disabilities.</b></p>	<p>Global</p>	<p>Humanitarian Women's Network (2016) <a href="#">Discrimination, Harassment &amp; Abuse of Women Aid Workers: Full Survey Results</a>.</p>	<p>Methodology unclear, possibly online survey</p>
<p><b>Sexual exploitation by humanitarian workers at distributions was commonly cited</b> by participants as a risk faced by women and girls when trying to access aid.</p> <p>People with disability were identified as particularly affected by violence, including GBV, in Syria. <b>"Participants often expressed that people with disabilities (PWD) are inherently 'unable to protect themselves', 'weak' and 'without control', whether with regards to safety issues or risks of violence.</b> References were also</p>	<p>Syria</p>	<p>Whole of Syria gender-based violence area of responsibility (GBV AoR) (2017) <a href="#">Voices from Syria: Assessment Findings of the Humanitarian Needs Overview from Syria 2018</a></p>	<p>Most comprehensive collection of evidence on GBV since the Syria crisis</p>

<p>overwhelmingly dominated by a perception of them being a homogenous group, not differentiating between types of disability, age or sex, and how the effects of the disability on the person can change over time. This sense of people with disabilities being without self-protection was at times also mentioned in relation to GBV, and in particular sexual violence, because of communication barriers and difficulty in detecting dangerous situations. In addition, <b>risks increase in displacement situations if people with disabilities are separated from caregivers</b>". (p.37)</p> <p>"GBV experts also discussed this observation during one of the group discussions, specifically naming <b>women and girls with disabilities as being victims of sexual harassment and exploitation</b>. Examples came from five different governorates - from urban and rural, host community and IDP settings. Both male and female victims as well as various age groups, except those aged above 60, were mentioned. Several participants reported having disabled family members, who they feared for with regards to sexual violence. <b>Mental disability was also specifically mentioned.</b>" (p.38)</p> <p>Quote: <i>"Yesterday, a disabled girl was playing in the street. One of the young men lured her with some candy and then raped her. So this group of people should not be marginalised"</i>. (Adolescent girl from As-Sweida sub-district, AsSweida governorate)</p> <p><b>Qualitative data also shows that specialised GBV services as well as other GBV programmes can only be accessed by people without disabilities.</b></p> <p>Quote: <i>"Specialised GBV services do exist, but only the healthy access them. Very few persons with special needs are able to access these services. (...) The mobile teams are not sufficient"</i>. (GBV expert from Syria)</p>			<p>started. Involves both quantitative and qualitative assessments in 4,185 communities (including 32 urban neighbourhoods) located in 254 sub-districts out of 272 sub-districts across the country. Note: likely to be underreported. No quantitative data on prevalence, incidence and severity of sexual exploitation and abuse</p>
<p>The research finds that "hardly any of the CBR projects had successful measures to protect children with disabilities from violence and help them to access justice when their rights were violated" (p.113).</p> <p>Interviews with government offices, schools with special classes for children with disabilities, one CBR project and one organisation working on child protection for all children found that: "None of the organisations had either policies or activities in child protection specifically for children with disabilities. There was no data collected on violence against children with disabilities, and individuals within the organisations felt they had no support to deal with situations of child abuse." (p.119)</p> <p>The author also notes that <b>many organisations working with children with disabilities don't have child protection policies, and those that do are often hard to apply in the realities they deal with.</b></p> <p>The author recommends a <b>community approach</b> to child protection for children with disabilities</p>	Ethiopia	<p>Boersma M. (2013) <a href="#">Protecting Children with Disabilities from Violence in CBR Projects: Why we need to work with a different form of child protection policy for children with disabilities.</a> <i>Disability, CBR &amp; Inclusive Development</i>. 2013. 24(3):11.</p>	<p>Qualitative research with children with disabilities, through schools, disabled persons' organisations, and the Community Based Rehabilitation (CBR) projects. Plus interviews with key stakeholders</p>

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**About Helpdesk reports:** The Disability Inclusion Helpdesk is funded by the UK Department for International Development, contracted through the Disability Inclusion Team (DIT) under the Disability Inclusive Development Programme. Helpdesk reports are based on between 3 and 4.5 days of desk-based research per query and are designed to provide a brief overview of the key issues and expert thinking on issues around disability inclusion. Where referring to documented evidence, Helpdesk teams will seek to understand the methodologies used to generate evidence and will summarise this in Helpdesk outputs, noting any concerns with the robustness of the evidence being presented. For some Helpdesk services, in particular the practical know-how queries, the emphasis will be focused far less on academic validity of evidence and more on the validity of first-hand experience among disabled people and practitioners delivering and monitoring programmes on the ground. All sources will be clearly referenced.

Helpdesk services are provided by a consortium of leading organisations and individual experts on disability, including Social Development Direct, Sightsavers, Leonard Cheshire Disability, ADD International, Light for the World, BRAC, BBC Media Action, Sense and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the Disability Inclusion Helpdesk or any of the contributing organisations/experts.

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