



BREAKING THE SILENCE:

**VIOLENCE AGAINST CHILDREN
WITH DISABILITIES IN AFRICA**



The African Child
Policy Forum

THE AFRICAN CHILD POLICY FORUM (ACPF)

The African Child Policy Forum (ACPF) is a leading, independent, not-for-profit, pan-African centre of policy research and dialogue on the African child.

ACPF was established with the conviction that putting children first on the public agenda is fundamental for the realisation of their rights and wellbeing and for bringing about lasting social and economic progress in Africa.

ACPF's work is rights-based, inspired by universal values and informed by global experiences and knowledge and committed to internationalism. Its work is based on the UN Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and other relevant international human rights instruments. ACPF specifically aims to: contribute to improved knowledge on children in Africa; monitor and report progress; identify policy options; provide a platform for dialogue; collaborate with governments, inter-governmental organisations and civil society in the development and implementation of effective pro-child policies and programmes; and also promote a common voice for children in the developing world.

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List of acronyms

ACPF	The African Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
ECDD	Ethiopian Center for Disability and Development
FDRE	Federal Democratic Republic of Ethiopia
GTZ	German Society for Technical Cooperation
HFE	HANDICAP FormEduc
ISPCAN	International Society for the Prevention of Child Abuse and Neglect
ILO	International Labour Organization
MoLSA	Ministry of Labour and Social Affairs
NGO	Non-governmental Organisation
NUDIPU	National Union of Disabled Persons of Uganda
OAU	Organization of African Unity
PDEF	Programme Décennal de l'Éducation et de la Formation (Cameroon's 10-year programme for education and training)
UBOS	Uganda Bureau of Statistics
UN	United Nations
UNAPHAC	National Union for Associations for Disabled Persons of Cameroon
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children Fund
WHO	World Health Organization

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The World Health Organization's international classification of functioning disability and health in 2001 contributed to the conventional wisdom of the day in redefining disability by introducing a classification model with two parts: functioning and disability, which include components on body functions, structures, activities and participation, and contextual factors, which include components of environmental and personal factors (ACPF 2009). If the environment is designed for the full range of human functioning and incorporates appropriate accommodations and supports, then people with functional limitations would be able to fully participate in society.

The question, then, is whether this critical knowledge supports the formulation and implementation of national policies, programmes and legislation to promote the full participation, equality and empowerment of children with disabilities. A report by ACPF on child wellbeing found that Africa not only has a high percentage of children with disabilities, but that they are often excluded from access to the support for development that all children need from birth.

The aim of this retrospective assessment into violence against children with disabilities in five African countries – Cameroon, Ethiopia, Senegal, Uganda and Zambia – was to increase our understanding of the patterns and dynamics of violence experienced by this vulnerable and frequently overlooked demographic group. The assessment hopes to increase awareness of the situation of children with disabilities and to promote their protection from violence and abuse. ACPF also hopes to instate and reinforce a movement for action against the invisibility of Africa's children with disabilities.

David Mugawe
Executive Director
The African Child Policy Forum (ACPF)

Executive Summary

Recent studies have estimated that up to 70% of children with disabilities in the developing world have been victims of violence in some way. This is a shocking figure. Apathy or negligence at the state level in promoting protection undermines the level of support provided to children with disabilities and their families. This includes a lack of financial and medical aid, inadequate and inaccessible state facilities and systems and insufficient community understanding.

A lack of understanding decreases the child's chances of equal economic and social participation (in itself a form of emotional violence) and allows negative stereotypes to persist, putting the child at continued risk of all types of violence from the community at large. As a result, lacking support mechanism and given the community's negative reaction to disability, a child's additional demands place emotional, physical economic and social burdens directly on the family unit. These pressures further increase the risk of physical and emotional violence within the home, creating a destructive perpetual cycle.

Articles in the UNCRC and the ACRWC all assert the comprehensive rights of all children, including freedom from violence. Yet despite these earnest commitments, this report has highlighted the pervasive and omnipresent violence that continues to be inflicted upon children with disabilities. Previous research has estimated that on average, children with disabilities are 1.7 times more likely to suffer abuse than their non-disabled peers. The majority of the respondents indicated that emotional violence was the most prevalent the frequent type of violence committed against children with disabilities. The study found that children with physical, auditory and visual disabilities were more vulnerable to emotional violence – at 35%, 34% and 33% magnitude respectively – followed by children with intellectual disabilities at 26%. The general education of carers and the wider community as a whole, as mentioned above, is necessary to challenge the socially accepted misconceptions that children with disabilities are less productive or less intelligent than their peers – both of which drive the emotional abuse that children face from the community at large.

This report has documented the changing types of violence faced by children with disabilities throughout their childhood, from their heightened vulnerability to physical and emotional violence while young to their greater risk of being subjected to sexual violence as they reach puberty. The study found that boys and girls with disabilities were both vulnerable to all types of violence, and identified a startling trend of sexual violence against boys. It also found that children with disabilities are vulnerable to abuse at the hands of their parents, carers, siblings, extended family members, other children and the wider community, and that there was frequently more than one abuser per episode of violence.

The low levels of reporting incidents of violence among respondents highlight their belief that complaining fails to get results, or that such abuse is natural: only a small percentage of respondents believed that the violence they experienced had been unreasonable or unjustified. Such findings demonstrate the harmful consequences of abuse on the entire psyche of those afflicted. The continued high incidence of violence even in the relatively more disability-friendly countries, such as Uganda and Senegal, warrants further investigation and indicates that there is still need to raise awareness of such issues in all countries.

To combat the extraordinary pervasiveness of physical, emotional and sexual violence perpetrated against children with disabilities within their familial environments, advocacy for their inclusion in society as equals is critical. Effective support networks and inclusive institutions will relieve the pressure and isolation felt by the families of children with disabilities that can cause stress and put children at risk of abuse. Education for carers on behavioural characteristics associated with sensory or intellectual disabilities – such as aggression, noncompliance or communication problems – will decrease a child's risk of abuse from frustrated family members while financial and emotional assistance would relieve tension and provide support.

Increasing awareness among carers can help give children with disabilities the opportunities they deserve and will also decrease the damaging belief that they are unproductive burdens on the family, which puts them at further risk of violence. Focus group participants in all five countries mentioned the shame and stigma surrounding disability, and its role in the abuse of children with disabilities. Focusing media attention on mistaken traditional beliefs can educate both carers and wider society on children's with disabilities rights to the same opportunities as their non-disabled peers, and will raise awareness among children with disabilities of their own right to education and protection.

Anecdotal evidence in the study countries and across Africa points to an enormous gap between general school enrolment rates for children with disabilities in particular. Even in Senegal, where 40% of the government budget is spent on education, insufficient special education training and funding of facilities for children has kept the enrolment rate for children at 40%. The exclusion of children with disabilities from education not only violates their human right to education; it also prevents them from acquiring skills that would assist them in the future.

A majority – 75% of boys and 52% of girls – who reported rape felt that nothing had been done as a result. Overall, across the entire sexual violence category, 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%) than boys (16%).

The study revealed that males with physical disability were at a higher risk of violence than any other sample group. However, as documented above, the reality for many children with disabilities is that the violence they are subjected to is frequently initiated within the family unit.

A twin-track policy approach is proposed to improve the situation of children with disabilities: ensuring that all child-centred policies are inclusive and accessible to children with disabilities and that policies are simultaneously developed specifically to target and protect them.

All national governments should follow Uganda's example and not only ratify, but also harmonise their national laws with, the UNCRC, thus committing themselves fully to the advocacy of equal rights for persons with disabilities. Furthermore, the study in Cameroon found that an alarming number of respondents had not gotten any form of legal redress after having reported incidents of violence perpetrated against them, despite pledges in the constitution to support people with disabilities.

We recommend that governments, civil society and the international community work in partnership in fulfilling the human right of all children with disabilities on an equal basis with other children through:

- Supporting and training for carers of children with disabilities;
- Availing education services for and about children with disabilities;
- Enable governments to live up to their responsibilities to protect children; with disabilities from violence, through appropriate laws and policies;
- Combating sexual violence and harmful traditional practices at all levels;
- Protecting the most vulnerable children.

1. Addressing the Invisible

1.1 Background and objectives

This report is based on research into violence experienced by people with disabilities in their childhoods in Cameroon, Ethiopia, Senegal, Uganda and Zambia. There is a need to acknowledge and understand the dynamics of violence against children with disabilities both within and alongside the debate on violence against children generally so as to protect them from harm and abuse. In each country, estimations of the prevalence of disability vary, especially between official and unofficial figures. The World Health Organization (WHO) estimates that 10% of any given population is disabled. However, this widely quoted notion can be misleading given the numerous factors involved in disability incidence, including: poverty and malnutrition; conflict; social or cultural stigmas; and the way disability is defined.

Ethiopia, the most populous of the five study countries, had an estimated population of almost 74 million in 2007. The 2007 census results on disability incidence put the number at 1.09% of which 0.6% child population seems substantially understated.

The population of **Cameroon** was estimated by the UN at 19.5 million in 2008. Official statistics on disability prevalence in the country are not forthcoming, leading many to use WHO's 10% formula, or 2 million. However, a recent UNICEF survey estimated that a remarkable 23% of two-to-nine-year-olds in Cameroon had at least one type of impairment (Loaiza and Cappa 2005).

Senegal's 2002 population and habitat census placed the population at 10 million and those with disabilities at just 138,000 – less than 2% of the population.

The **Uganda** Bureau of Statistics (UBOS), estimated that 3.5% of Uganda's population of 24.2 million were disabled, including 205,000 children (UBOS 2002). Uganda stands out in this field in several ways.

According to the official 2000 national housing and population census, 2.7% of **Zambia's** 13 million people are disabled (Zambia NHPC 2000). However, a survey conducted by a local NGO in 2006 put prevalence at 13.3% (SINTEF 2006). Although this is a major discrepancy, it is not the only one for these five countries, as we already saw for Cameroon.

In short, while we are far from having reliable data, we can say with certainty that substantial numbers of children in these five countries, and without doubt across the rest of Africa, have disabilities of one kind or another.

According to the *World report on violence against children*, the child-related millennium development goals will not be achieved unless countries prioritise ending violence against children (United Nations 2006). All children are vulnerable to violence but, sadly, the risks are compounded for children with disabilities. Compared to their non-disabled peers, they face a greater probability of being beaten, bullied or excluded from school, while they are also at a greater risk of sexual abuse. However, to be able to protect them from harm, there is a need to acknowledge and understand the special dynamics of violence against disabled children.

Previous research has estimated that on average, children with disabilities are 1.7 times more likely to suffer abuse than their non-disabled peers (UNICEF 2005). We stress, however, that only a fraction of the increased risk of violence to children with disabilities relates to the child's disability itself. Instead, it is the structurally embedded negative stigmas and so-called traditional practices that marginalise children with disabilities within their households and communities – a situation that is further compounded by the failure of the state policies that are put in place to protect them (Braithwaite and Mont 2008).

Sadly, this seems especially true in Africa, where children with disabilities are frequently seen as unproductive burdens on their families and communities and are made to suffer accordingly. All five country studies found that cultural prejudice against children with disabilities has a great impact on their risk of violence at all levels.

Recent studies have estimated that up to 70% of children with disabilities in the developing world have been violated in some way (Stöpler 2007). This is a shocking figure. Apathy or negligence at the state level undermines the level of support provided to children with disabilities and their families. This includes a lack of financial and medical aid, inadequate and inaccessible state facilities and systems, and insufficient community understanding. A lack of understanding decreases the child's chances of equal economic and social participation (in itself a form of emotional violence) and allows negative stigmas to persist, putting the child at continued risk of all types of violence from the community at large. As a result, lacking support mechanisms and given the community's negative reaction to disability, a child's additional demands place emotional, physical, economic and social burdens directly on the family unit. These pressures further increase the risk of physical and emotional violence within the home, creating a destructive perpetual cycle.

Children with disabilities, who are often physically vulnerable, may be seen as easy targets of rage or sexual aggression by their abusers. If they are socially excluded, they may be emotionally fragile, needing acceptance, and therefore able to be manipulated into accepting abuse. They may also lack sex education. The misconception that children with disabilities are asexual also makes them vulnerable to the perverted belief, claimed to be traditional, that virgin rape can cure HIV (UNICEF 2005).

Our studies found that violence against children with disabilities by those in a position of trust – parents, carers, teachers and neighbours – is an especially severe problem. Furthermore, existing studies show that early and recurrent exposure to violence can do irreparable damage to a child's maturing brain, nervous and immune systems and lead to further and sustained cognitive, physical, motor or sensory health problems.

In the five study countries, as in much of the developing world, the assumption that children with disabilities have low productivity and intelligence undermines their prospects for development. Mobility International estimates, for example, that despite the 1990 World Conference on Education for All and the existence of education-related millennium development goals, the average school enrolment rate of children with disabilities across Africa is not more than 5-10%. Unemployment among people with disabilities is estimated to be as high as 80% in some countries (UN Enable 2008).

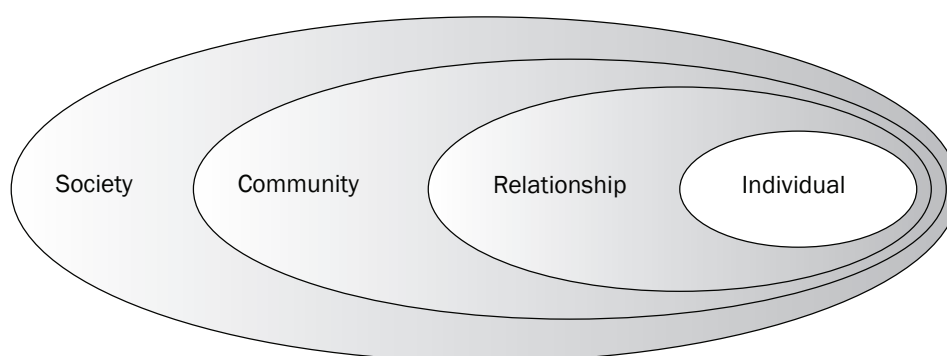
This assessment, based on studies conducted between November 2008 and March 2009, documents the appalling reality of the increased and pervasive risk of violence experienced by children with disabilities in the five chosen countries. It is hoped that the evidence provided on the causes, nature, magnitude and impact of violence against children with disabilities will help ACPF and all child rights advocates expand their advocacy and legal protection work in favour of children with disabilities not only in these five countries but across Africa.

1.2 Methodology

1.2.1 Conceptual frameworks

Disability is defined within WHO's international classification of functioning, disability and health as an umbrella term that identifies the relationship between an individual's cognitive, physical or sensory (hearing, visual) impairments and the social response or consequence to these functional limitations. This has important implications. Known as the social model of disability, the definition extends the understanding of disability from a simple medical condition to an understanding that it is society's perception of and reaction to an individual's impairments that affect the extent to which someone is understood to be 'disabled'. This model of disability identifies the social factors that impact on a person's impairment or functioning and which affect their participation in society.

The Ecological Model of Violence



Adapted from Krug et al. 2002

Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) defines violence as “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. The ecological model of violence, introduced by the UN's *World report on violence and health* and the UN's *World report on violence against children*, uses this definition and emphasises the complex combination of factors that affect both increased risk of and protection from violence in its multiple forms for a given individual.

The model recognises that the personal history of both perpetrator and victim interact with the victim's family situation, local community context and wider society to create or mitigate the risk of violence (Pinheiro et al 2006). This is of significance for this report since society's perception of disability is directly linked to children's with disabilities heightened vulnerability to violence in the home, at work, in school and in the community.

1.2.2 Data collection techniques and rationale

The country studies collected survey data through 956 in-depth structured interviews with young disabled people aged 18-24 in Cameroon, Ethiopia, Senegal, Uganda and Zambia. There were also semi-structured focus group discussions and semi-structured interviews with key informants.

- Data collector selection and instruction

In all countries, the interviewers themselves were disabled. They received training on the appropriate procedures for interviewing young people about their childhoods and any violence that they had experienced, and on appropriate research ethics.

- Participant selection and sample dynamics

The sample of 956 individuals was 49% female and 51% male, and comprised respondents with sensory, physical and cognitive impairments from a wide range of socio-economic and geographical backgrounds.

- ISPCAN retrospective questionnaire

The questionnaire was adapted from one prepared by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN).

- Limitation of synthesis data

Several problems were encountered whilst analysing the synthesis data. Unfortunately, due to data recording errors, extended data is not available for Cameroon. However, for comparative purposes, it is possible to compare the overall count of violence between the Cameroon sample and the four other countries and all data has been incorporated where possible. This does mean however that aggregate figures are not the same as in-depth figures, which are created from data for the other four countries.

Extended analysis is therefore conducted for four of the five study countries, Ethiopia, Senegal, Uganda and Zambia. Every effort has been made to maximise the use of all the collected data through the following analysis.

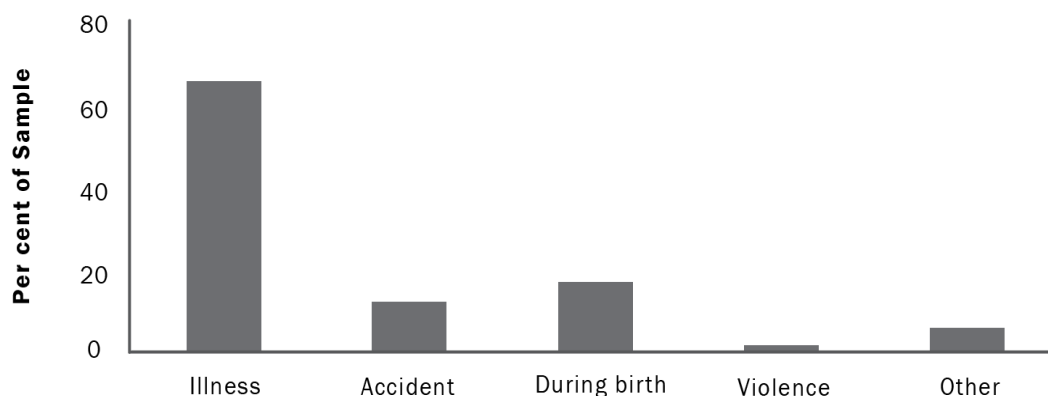
2. Findings of the study

2.1 Dynamics of violence against children with disabilities in the five study countries

2.1.1 Sample size

A majority (65%) of respondents had acquired their disabilities through illness; 17% before or during birth; 11% through an accident; 5% through other means; and 2% through violence. Given the predominance of illness as a cause of disability, further research is essential into disabling diseases that are still rife in Africa – such as polio, malaria, leprosy and measles – and continue to disable so many African children.

Chart 1: Cause of disability among respondents



As would be expected, respondents' comments during the interviews revealed the fact that the violence and discrimination associated with sustained physical, emotional and sexual abuse have severe negative impacts on self-confidence, self-worth, livelihood outlook, employment and education potential.

Many said that abuse and ill-treatment at the hands of family members had driven them from their homes before the age of 18. A number had become dependent on begging for their survival.

Some believed that general social ignorance underlined the abuse they had experienced, while others considered their suffering to have been the direct result of their parents' wrongdoing. Several respondents indicated that they had been abused in institutions and referred to the lasting psychological impact of the violence committed against them by their carers or families.

2.1.2 Focus group and key informant perceptions

Key informant interviews and focus group discussions were held with relevant stakeholders in the five study countries. These included parents and carers of children with disabilities, individuals from disability and child-focused Organisations, teachers, law enforcers and ministers. These interviews and discussions helped to expand our understanding of the situation faced by children with disabilities in each country, while

"I suffered extreme punishment and abuse at the hands of my parents"
Respondent, Ethiopia

also highlighting certain stigmas and negative beliefs. The discussion reinforced the reality that there are no supportive institutional frameworks for children with disabilities and their carers in the study countries; most people were even unaware of the need for sympathetic and supportive treatment of children with disabilities. It is clear that governments must work with civil society leaders to raise awareness of this.

2.2 Physical violence against children with disabilities

2.2.1 Introduction

The survey investigated seven types of physical violence against children, including:

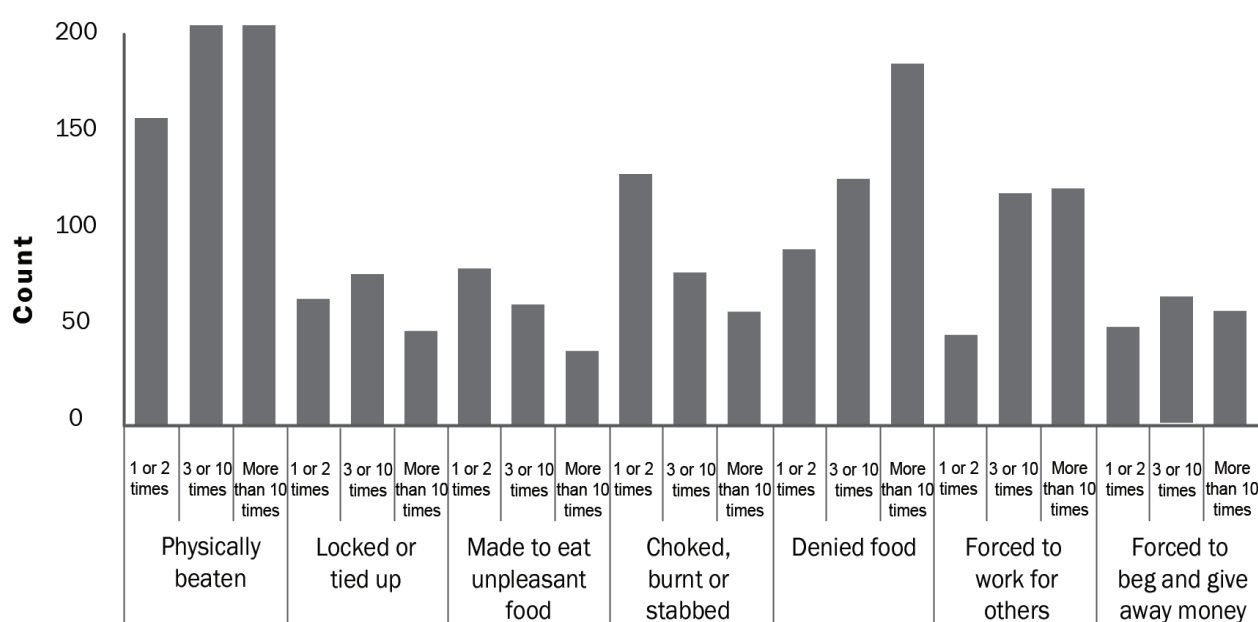
- hitting, punching, kicking or beating
- locking them in a small room or tying them with rope or chains
- putting hot chilli or bitter food or drink in a their mouth
- choking, burning or stabbing
- denying food for an extended period of time
- forcing them to carry out hard or difficult work for the benefit of others
- forcing them to beg and give the money away.

2.2.2 Magnitude

The findings are deeply disturbing. There were 1,969 separate accounts of physical violence across the sample, averaging two per child in the five countries. This figure does not include multiple episodes of the same type of physical violence perpetrated against the same child, which would further raise the numbers. The statistic is also varied across the countries: Ugandan and Zambian respondents averaged 2.4 categories per child, Cameroon 2.2 per child, Ethiopia 1.7 and Senegal 1.1.

Highly prevalent forms of abuse included being physically beaten, which had happened to 183 respondents more than 10 times, 182 respondents between three and 10 times and 137 respondents once or twice.

Chart 2: Overall frequency of physical violence



Other notable trends were the high number of respondents (162) being denied food more than 10 times and the 106 respondents being forced to work for the benefit of others more than 10 times. In total, 36% of all recollections of physical violence were experienced by respondents between three and 10 times, 35% more than 10 times and 30% once or twice.

The majority of respondents with physical, visual and intellectual disabilities were physically abused more than 10 times, while children with hearing difficulties were most likely to be abused between three and 10 times.

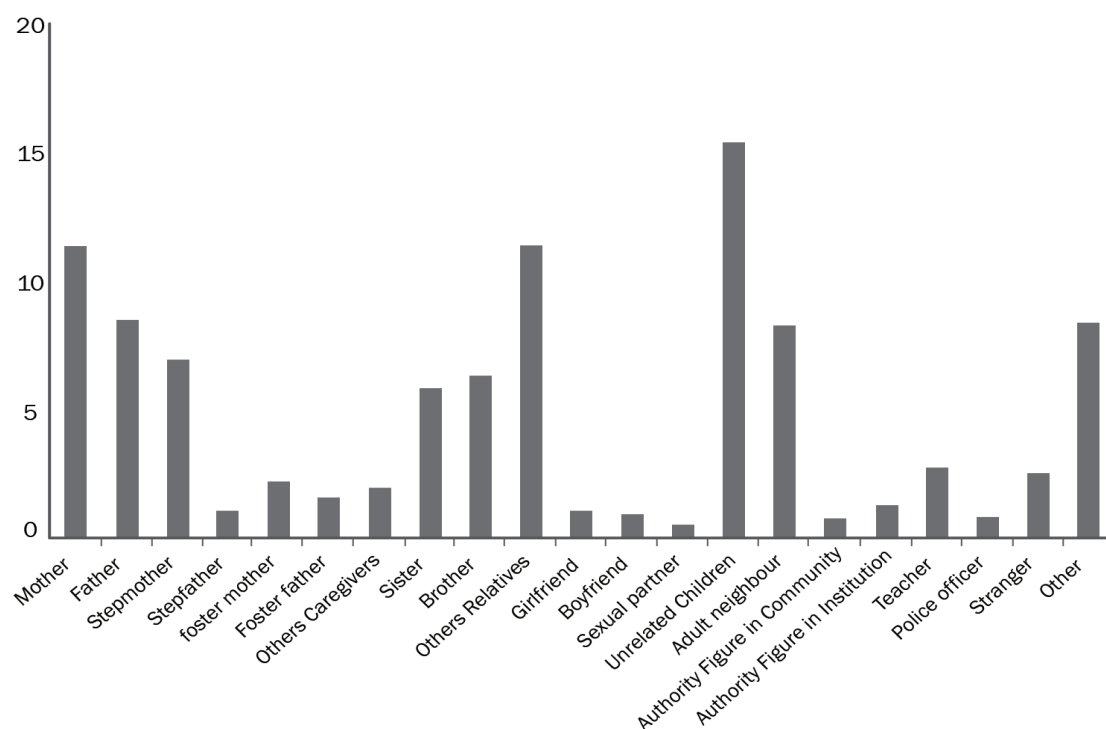
Table 1: Frequency of physical violence experienced by respondents, by disability type

Disability type	Number of times experienced (%)		
	1 or 2	3 to10	10+
physical	26	33	41
visual	29	33	38
hearing	31	40	29
intellectual	25	32	43

2.2.3 Perpetrators and vulnerable age groups

Across the entire sample, other children at respondents' schools or in their neighbourhoods accounted for the highest number of physical violations, followed by non-immediate family members and parents. Others included persons within the workplace and non-authority figures in the community, home or institutions such as janitors and guards. Looking at the countries individually, family members and unrelated children remain the biggest perpetrators.

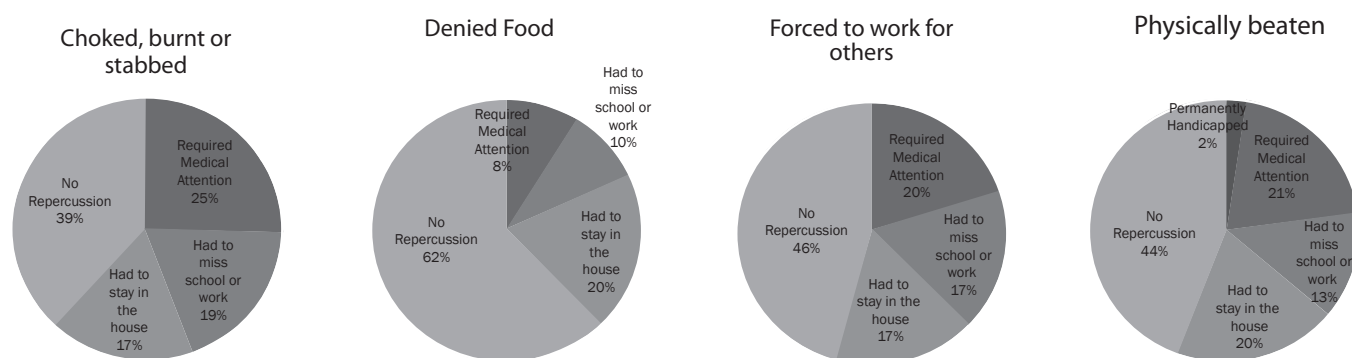
Chart 3: Perpetrators of physical violence



Perhaps counter-intuitively, mothers accounted for more abuse of both male and female children than fathers.

2.2.4 Effects and impact¹

Chart 4: Consequences or repercussions of physical violence, by type of violence



More than half (54%) of those who had been physically beaten said they had suffered broken bones, teeth, bleeding or bruising; 2% had been permanently disabled; 21% required medical attention; 13% had to miss school or work; and 20% had needed rest at home.

Across the entire sample, victims had reported 45% of all counts of physical violence to another person: in other words, 55% were not reported. In the four countries (Ethiopia, Senegal, Uganda and Zambia) for which there is sufficient data, fewer than 1% of cases (17) were reported to the police. In each country, both male and female respondents said they were most likely to report abuse to their parents, followed by other family members. This is an interesting phenomenon given the high prevalence of immediate family members who allegedly perpetrated physical violence. Both male and female respondents said they preferred to tell their father than their mother, perhaps reflecting the higher levels of abuse at the hands of mothers.

Table 2: Top five persons to whom violence was reported (% of Reports)

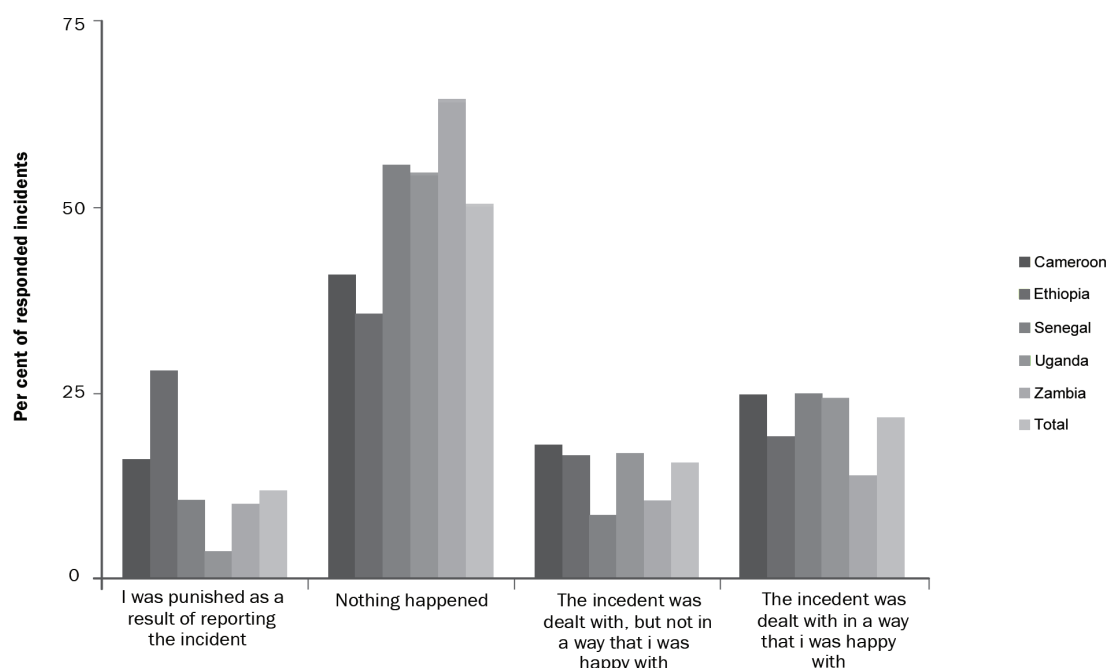
No.	Ethiopia	Senegal	Uganda	Zambia	Total
1	Birth, Step or Adoptive Mother (21%)	Birth, Step or Adoptive Father (35%)	Birth, Step or Adoptive Father (23%)	Birth, Step or Adoptive Father (44%)	Birth, Step or Adoptive Father (28%)
2	Birth, Step or Adoptive Father (16%)	Birth, Step or Adoptive Mother (29%)	Birth, Step or Adoptive Mother (20 %)	Birth, Step or Adoptive Mother (17%)	Birth, Step or Adoptive Mother (20%)
3	Female Friends (11%)	Other Relatives (9%)	Brother/Sister (13%)	Brother/Sister (16%)	Brother/Sister (13%)
4	Other Relatives (9%)	Brother/Sister (7%)	Adult Neighbour (9%)	Other Relatives (7%)	Other Relatives (6%)
5	Male Friends (9%)	Boyfriend/ Girlfriend (6%)	Teacher (6%)	Male Friends (7%)	Adult Neighbour (6%)

Aside from their parents and siblings, male children preferred to approach other family members for support, while female children chose to confide in their friends.

¹ All the effects and impact data excludes Cameroon, for which there was inadequate data.

Just over half of the reported abuse (51%) led to no outcome for the victims in the sample; 22% received an adequate response, 15% an inadequate response and 12% were punished. The response to reporting violence remains consistent across both genders and the four disability types but differs between countries – with 28% of children in Ethiopia were punished for reporting abuse, compared to just 4% in Uganda; 25% of Senegalese respondents were content with the actions taken in response to their complaint, compared to 14% of Zambians.

Chart 5: Result of reporting physical violence



2.3 Emotional violence against children with disabilities

2.3.1 Introduction

Several types of emotional violence were investigated in the survey, including:

- being insulted, shouted at, glared at or embarrassed;
- being forced to give away money or possessions;
- being threatened as a result of their race, religion or disability;
- being told that their family wished they had never been born;
- being ignored, hidden or forbidden from participating in social events;
- being threatened with abandonment;
- [being forced to?] leave home before the age of 18;
- witnessing the killing of a friend or family member;
- being forcibly taken away from their family.

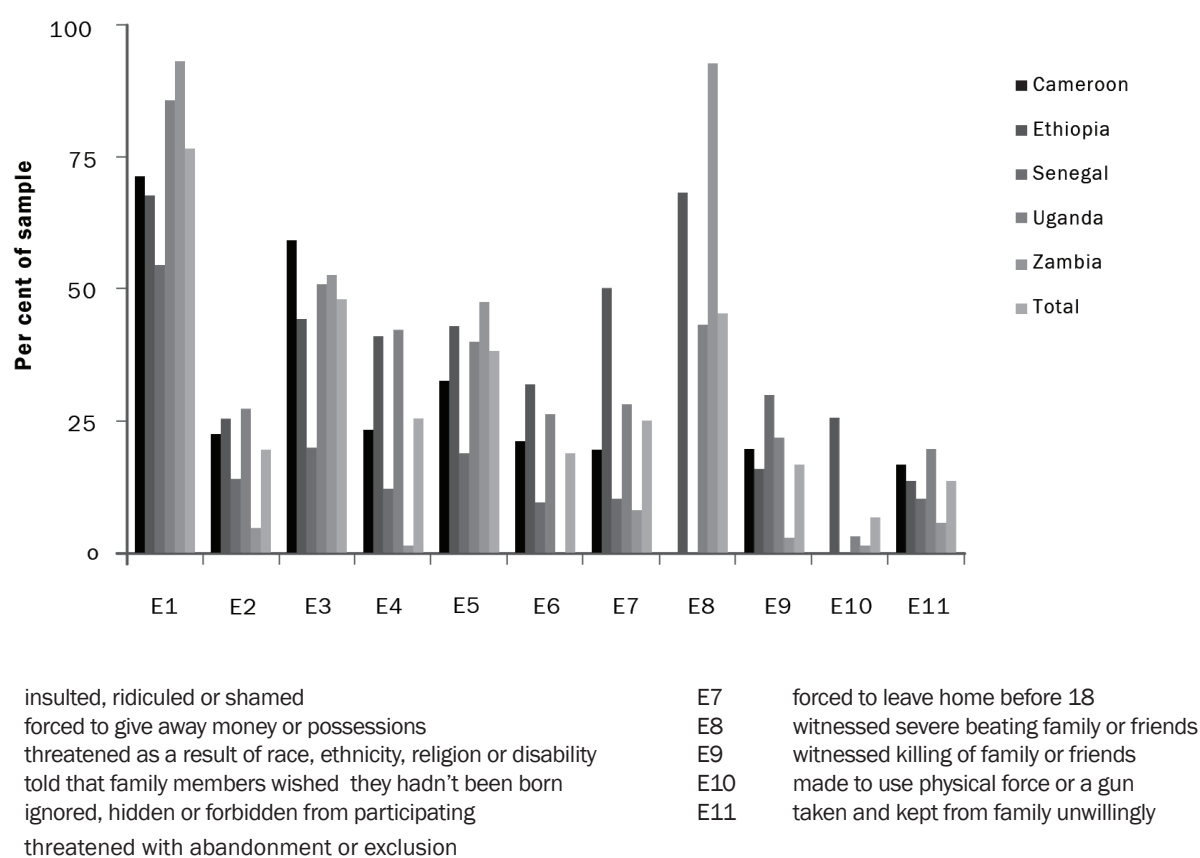
2.3.2 Magnitude

The 965 respondents mentioned 3,215 counts of emotional violence, averaging 3.4 counts of emotional violence per respondent. This figure does not include multiple episodes of the same type of emotional violence perpetrated against the same child, which would further raise the number. The figure is also varied across the

five study countries, ranging from an average of 1.8 in Senegal to 4.3 in Ethiopia, which showed a far higher prevalence of emotional abuse.

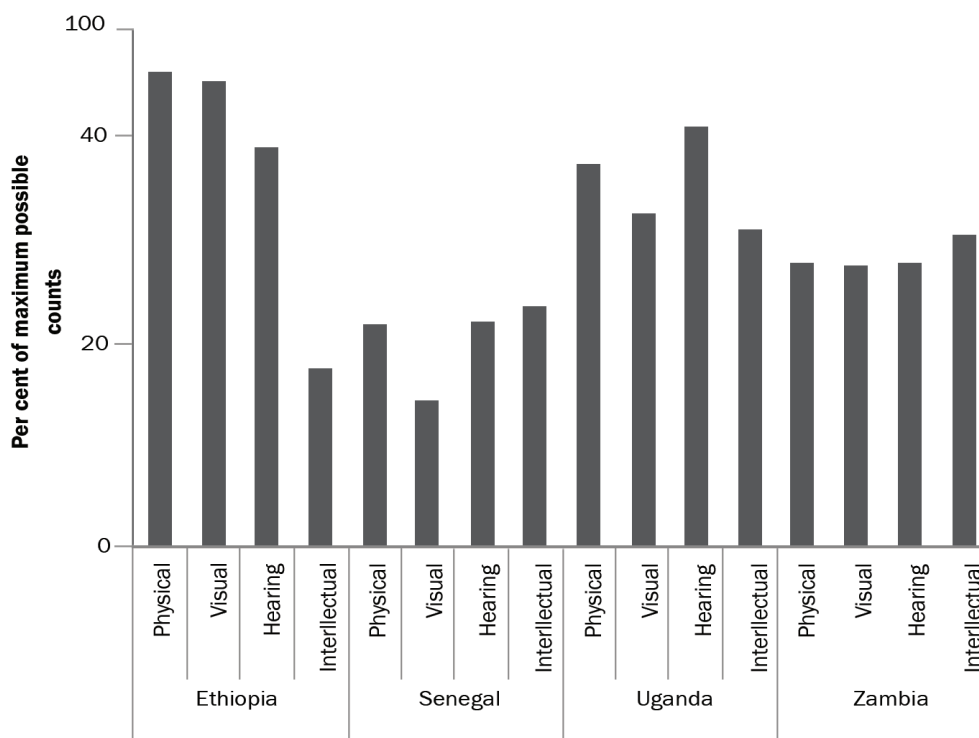
Every respondent in Ethiopia, Senegal, Uganda, Zambia and Cameroon had suffered at least one type of emotional violence in their lifetime. The most prevalent forms of emotional abuse were: being insulted, ridiculed or shamed (77%); being threatened as a result of race, ethnicity, religion or disability (48%); and witnessing the severe beating of family or friends (46%). Within this final percentage, 93% of Zambians had witnessed the severe beating of another, and a very worrying 30% of Senegalese respondents had witnessed the death of another as a result of beatings.

Chart 6: Prevalence of emotional violence



Across the entire sample, 25% had left home before the age of 18, although this figure was as high as 50% in Ethiopia. Just over half of them (55%) had chosen to do so, citing reasons such to end their abuse; 45% felt they had been forced from their home; and 23% said they had worked since leaving home.

Data available on the magnitude of emotional violence across the four study countries for which there is adequate data shows that physically disabled children in Ethiopia are the most vulnerable to emotional violence (46%), closely followed by visually impaired children in Ethiopia (45%) and those with hearing impairments in Uganda (41%). Across the entire sample, children with physical, auditory and visual disabilities were similarly vulnerable to emotional violence – at 35%, 34% and 33% magnitude respectively – followed by children with intellectual disabilities at 26%.

Chart 7: Magnitude of emotional violence by disability type

Across almost every category of emotional violence and in each country, boys with disabilities are either equally or more vulnerable to emotional violence than girls with disabilities. The only category in which girls with disabilities seem to be more at risk is witnessing the killing of family or friends, which was as high as 36% for female respondents in Senegal and 17% across the entire female sample.

In Ethiopia and Uganda, 44% of all accounts of emotional violence were perpetrated more than 10 times, compared with 37% in Zambia and 32% in Cameroon. In Senegal the figure is just 1%, although the data for this low figure is suspect.

Across the entire sample, respondents experienced 43% of emotional violence between the ages of 14 and 17; 35% between 10 and 13, 19% between five and nine and just 2.5% before the age of five. It is important, however, to note the increased margin of error when recollecting violence before the age of five.

Table 3: Vulnerability to emotional violence, by age

Countries	% of total episodes			
	under 5	aged 5-9	aged 10-13	aged 14-17
Cameroon	3	14	28	55
Ethiopia	3	23	37	38
Senegal	5	26	39	31
Uganda	2	17	40	41
Zambia	0	6	28	66
Average %	3	17	34	46

These figures vary quite significantly across the five study countries – for example, respondents in Zambia indicated that they experienced 66% of emotional violence between the ages of 14 and 17; in Senegal the figure was 31%. There was little variation across the four disability groups and between male and female respondents.

Between them, the 965 respondents identified 5,780 perpetrators of emotional violence. This equates to a startling 1.8 perpetrators per reported incident of emotional violence. As with the trend in physical violence, respondents identified unrelated children in their neighbourhood or school, other relatives, their mothers and their fathers as the most common perpetrators of emotional violence. Unlike physical violence however, adult neighbours were also considered to be a substantial threat, and there was significant variation across the four study countries for which there was adequate data.

Table 4: Top five perpetrators of emotional violence

Perpetrator	%
unrelated children	22
other relatives	16
adult neighbour	11
father	10
mother	10

There were no differences in the key perpetrators of emotional violence between male and female respondents.

2.4 Sexual violence against children with disabilities

2.4.1 Introduction

Twelve types of sexual violence were investigated by the survey. These were:

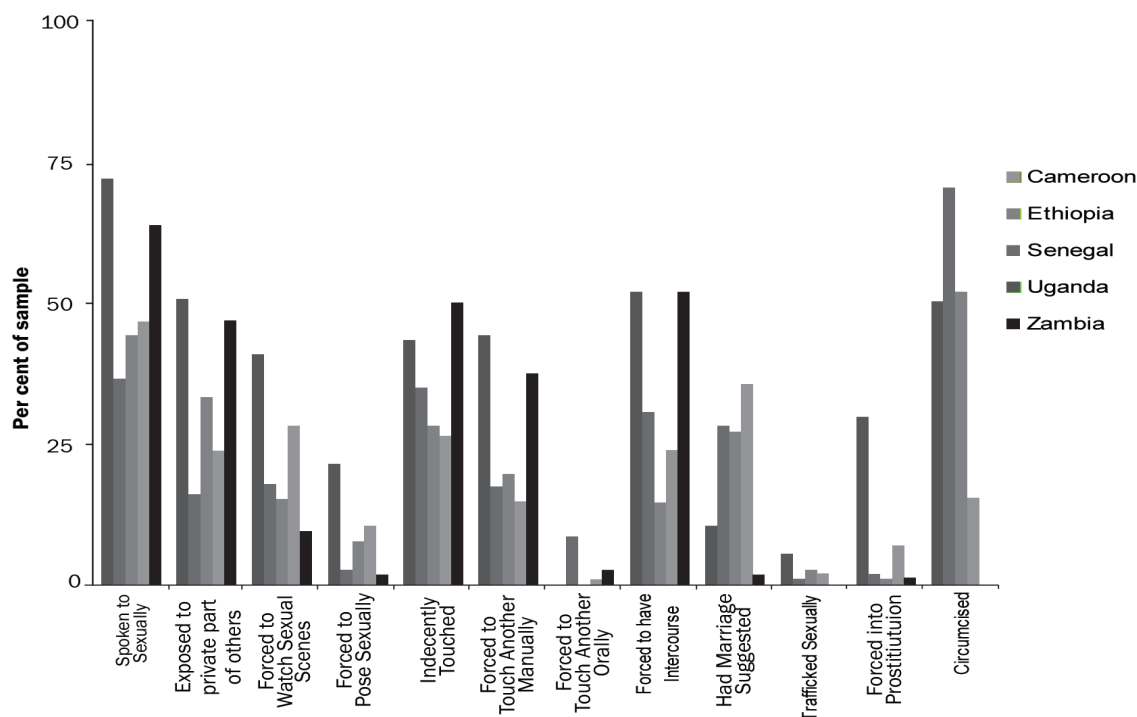
- being spoken to in a sexual way;
- having someone expose their private parts to them;
- being made to look at sexual scenes in magazines, photographs, videos or the internet;
- being made to pose partly dressed or naked or to perform sexual acts in front of other people or for Photographs or video;
- having their genitals touched or fondled;
- being made to touch another's genitals with their hand;
- being made to touch another's genitals with their mouth;
- being forced to have sexual intercourse;
- having marriage suggested;
- being trafficked for sexual purposes;
- being forced into prostitution;
- being circumcised.

2.4.2 Magnitude and dynamics

Respondents reported 2,808 counts of sexual violence. Excluding circumcision, each respondent in Ethiopia, Senegal, Uganda and Zambia suffered at least one type of sexual violence during their childhood; on average each child had experienced 2.6 types of sexual violence.

Being spoken to sexually was the most prevalent category of sexual violence experienced by respondents, affecting 54%; 37% had been forced to have sexual intercourse; the same number had been touched indecently; 36% had been circumcised; 24% were exposed to others' private parts; and 27% were forced to touch another's genitals with their hands.

Chart 8: Prevalance of sexual violence



There were several large differences between the country samples – for example, 52% of respondents in Cameroon and Zambia were forced to have intercourse, compared with 14% in Senegal, 24% in Uganda and 30% in Ethiopia. An astonishing 30% of respondents in Cameroon had been forced into prostitution, compared with less than 1% in Senegal and Zambia.

In Ethiopia and Senegal, male respondents reported more sexual violence than females, while the opposite was true in Uganda and Zambia.

Looking at the incidence of sexual violence across the four major disability types, the sample shows quite widespread differences – for example, 79% of respondents with intellectually disability in Zambia had been forced to have intercourse against their will, compared with none in Senegal.

Slightly more women than men reported experiencing sexual violence: 48% was reported by male respondents; 52% by females. Surprisingly, in eight out of the 12 categories there was less than 5% difference between incidents committed against girls and boys. This counter intuitive finding prompts the need for further investigation and awareness of the vulnerability of girls and boys with disabilities to sexual violence.

Overall, across the entire sexual violence category, disabled girls and boys 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%) than boys (16%).

Across the sample, 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.

2.4.3 Perpetrators and vulnerable age groups

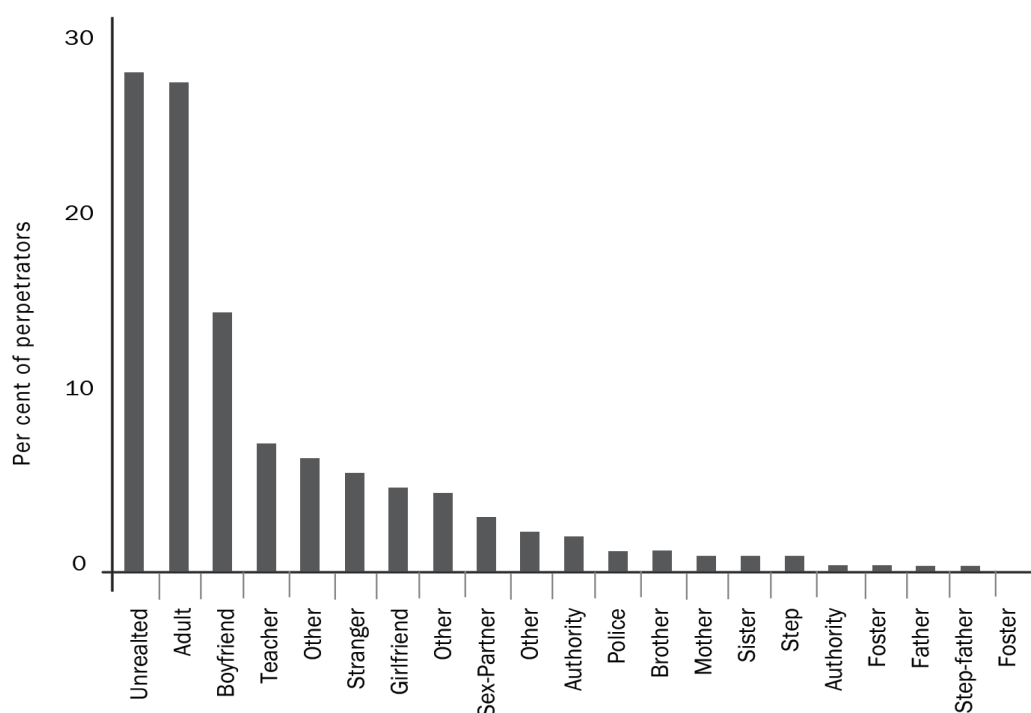
Respondents indicated that they had experienced 68% of all sexual violence between the ages of 14 and 17; 25% when aged 10 and 13; 7% aged five to nine; and less than 1% under the age of five.

Table 5: Vulnerability to sexual violence, by age group

Age at which respondents were subjected to sexual violence (%)				
	Under 5	Aged 5-9	Aged 10-13	Aged 14-17
Cameroon	0.5	5.3	25.5	68.7
Ethiopia	0.2	12.5	29.8	57.5
Senegal	1.6	9.6	36.7	52.1
Uganda	0	9.7	40.6	49.7
Zambia	0	0	0.6	99.4

In all five study countries, respondents were most at risk of sexual violence between the ages of 14 and 17. This ranged from 99.4% of all cases in Zambia to just less than 50% in Uganda, which had the highest rate (40.6%) of sexual violence against 10-to-13-year-olds.

Chart 9: Perpetrators of sexual violence

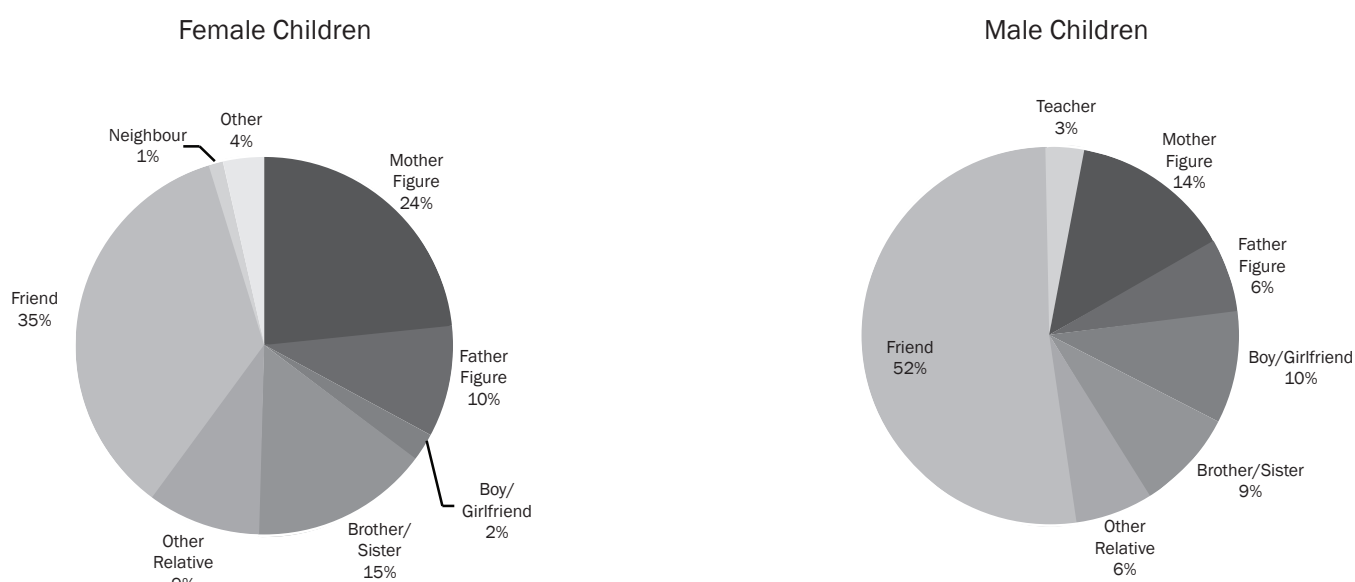


Between them, respondents from all the countries identified 3,851 perpetrators of sexual violence, which equates to 1.4 perpetrators per reported incident of sexual violence. Unrelated children and adult neighbors each accounted for 25% of sexual violence against respondents, but worryingly, boyfriends (13%), teachers (6%), other relatives (6%) and strangers (5%) were all reported with certain frequency.

2.4.4 Effects and impact²

Just over half (51%) of respondents who were raped reported the incident. There was large variation between the genders: only 27% of boys reported a rape; compared to 75% of girls. This highlights the tendency of boys to hide sexual abuse from third parties. In Ethiopia and Zambia, where more male respondents had suffered forced sexual intercourse than females, 76% and 94% respectively of male victims did not report the rape, compared to 45% and 15% for girls in the same countries.

Chart 10: Individuals respondents confided in after being raped



Of the 33 boys and 89 girls who reported rape in Ethiopia, Senegal, Uganda and Zambia, both boys and girls were most likely to confide in their friends (52% and 35%) or a mother figure (14% and 24%). Beyond these groups, boys were most likely to talk to a boy/girlfriend (10%), while girls chose to tell a sibling (15%).

A majority – 75% of boys and 52% of girls – who reported rape felt that nothing had been done as a result. In fact only 9% of boys and 23% of girls who reported rape were satisfied with the way in which the incident was dealt, although this rises to 66% of girls in Senegal.

²All the effects and impact data excludes Cameroon, for which there was inadequate data

3. The international, regional and national policy context

3.1 The international and regional policy framework

Confronting violence against children is an issue high on the international agenda. It is strongly advocated in both the UNCRC and the African Charter on the Rights and Welfare of the Child (ACRWC), both of which have been ratified by each of the five study countries.

States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. (UNCRC 1990, Article 19)

While all rights in the UNCRC apply to all children equally, regardless of levels of ability or disability, it was the first international human rights instrument to specifically mention the rights of children with disabilities, recognising their right to a 'full and decent life' in Article 23. However, the article strengthens the perception of children with disabilities as separate from children in general, emphasising 'special needs' and 'special care', and does not stress their equal rights to full inclusion and participation in society. Furthermore, through the absence of disability-specific articles regarding violence against children, the UNCRC unwittingly allows state parties to falsely argue that their child-centred policies are inclusive of children with disabilities. This enables them to avoid allocating disability-specific budgets and to neglect the rights of children with disabilities (Terre des Hommes 2007).

For this reason, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted by the UN General Assembly in December 2006. The UNCRPD stresses equal respect for dignity, autonomy, non-discrimination and equal opportunities for disabled persons, with special emphasis on the rights of children with disabilities. It does not introduce any new rights, but brings specific attention to the equal rights of persons with disabilities, including children, including the right to protection, in and outside the home, from all forms of exploitation, violence and abuse (UNCRPD 2007). All five study countries signed the UNCRPD between 2007 and 2008 but only Uganda has ratified it to date.

The major regional charter affecting the study countries is the ACRWC, which was adopted by member states of the African Union (AU) and entered into force on 29 November 1999. It has been ratified by each the study country. The charter outlines a child's right to a life without violence in much the same way as its international counterpart, the UNCRC. The charter was brought into existence in light of the African Union's belief that the UNCRC neglected certain socio-cultural and economic realities particular to the African continent.

While the charter includes an article specifically on the rights of children with disabilities, it continues to separate their rights from the general rights of all children to safety and security and it views disability as a medical, rather than a social, issue. Disability is absent from the list of reasons not to discriminate against a child, while Article 13 focuses on children with disabilities right to 'special measures of protection' and their need to access training and recreation opportunities but fails to assert their equal right to education and autonomy.

3.2 National policies

3.2.1 Cameroon

The ministry of social affairs was created in 1975, and included a department of national solidarity to oversee the wellbeing of disabled persons within the country (Tukor 2008). In 1983, the Cameroon National Assembly adopted law no 83/013 for the protection of persons with disabilities, and in 1996 the constitution was updated to incorporate protection by the state of women, children, persons with disabilities and the elderly (US Department of State 2009).

However, Article 1 of Cameroon's Disability Law defines a persons with disabilities as one who "has difficulties with the normal functions of a non-disabled person" (Assemblée Nationale du Cameroun 1983). This maintains the misunderstanding that individuals with disabilities are incapable of independence alongside their non-disabled peers, and ignores the reality that their surroundings disable them from such independence. Furthermore, despite the legal obligation to protect all children from all types of violence stipulated in the UNCRC, Cameroon law only prohibits corporal punishment in institutions and educational settings, not within the home.

The school enrolment rate of children with disabilities is a good indicator of a government's will to minimise discrimination against them and optimise their inclusion. Cameroon adopted the Salamanca Declaration in 1994, accepting the need to ensure laws and policies to improve the enrolment rate of children with disabilities in inclusive schools.

3.2.2 Ethiopia

Disability is mentioned only once in the 1995 constitution: Article 41 (5) on economic, social and cultural rights stipulates the state's responsibility, within available means, of ensuring rehabilitation and assistance to individuals with physical and intellectual disabilities. However, the constitution does not specify persons with disabilities right to inclusion in education or employment.

The 1996 developmental social welfare policy fills this gap, stipulating the need to facilitate the inclusion of persons with disabilities in the country's economic, cultural and social spheres, stressing that appropriate financial, medical and social support mechanisms should be put in place to encourage and assist this (FDRE MoLSA 1996). However, recent restructuring within the ministry of labour and social affairs – whereby the rehabilitation affairs department merged into the larger social welfare development directorate – may hinder this goal.

Only 2,500 children with disabilities are known to be enrolled in primary and secondary education within the country. Moreover, while the ministry of labour and social affairs' national plan of action for children (2003-2010) sets out an overall target primary enrolment rate of 90%, its target enrolment rate for children with disabilities is only 10%.

As with Cameroon, the Ethiopian constitution prohibits corporal punishment in schools; however, it remains acceptable as a form of 'necessary disciplinary measures' within the revised penal and family codes of 2005 and 2000 (Articles 576 and 258 respectively).

3.2.3 Senegal

In Senegal, persons with disabilities are protected by the ministry of family, national solidarity, women, entrepreneurship and micro finance (US Department of State 2009). Laws exist to prohibit discrimination against (and encourage positive discrimination in favour of) persons with disabilities in employment, education

and health care – for example, a law is currently pending that, if passed, will reserve 15% of all new civil service provisions for persons with disabilities applicants. Social protection of vulnerable groups (including persons with disabilities) is one of the four pillars of Senegal's poverty reduction strategy paper 2006; this includes activities aimed at combating prejudice, assisting social and economic integration and promoting inclusive education (IMF 2007).

In Senegal 40% of the government budget is spent on education and the country is ranked 15th (out of the 52 African countries) in ACPF's child friendliness index (ACPF 2008). Following the 1990 World Conference on Education for All, the government adopted a 10-year programme for education and training – Programme Décennal de l'Éducation et de la Formation (PDEF). The PDEF contains a subcomponent on special and inclusive education and has led to the inauguration of almost 20 government-run inclusive schools, as well as state subsidies for religious or private schools that provide both vocational and academic training for children with disabilities alongside awareness-raising campaigns. As a result, 40% of children with disabilities in Senegal are estimated to be in education (Aslett-Rydbjerg 2003).

A report by Senegalese NGO Jamra in 2008 highlighted disturbing trends of abuse against Senegalese children, with alarming levels of rape against those as young as three; 10% of these cases were committed by a close blood relative (HANDICAP 2009). Children with disabilities are even more vulnerable to sexual violence given their dependence on others for physically and emotionally intimate activities.

Article 299 of Senegal's penal code, passed in 1999, rendered female genital mutilation illegal and punishable by up to five years of jail, while the ministry of family and social affairs and national solidarity launched a national plan of action to eradicate the practice by 2015 (GTZ 2007). Despite such positive moves, Senegalese NGOs report that female genital mutilation is still widely practiced in the country, where over 90% of women in the north and 60-70% in the south and southeast have undergone it (US Department of State 2009).

3.2.4 Uganda

Uganda is among the small minority of countries that have enshrined the rights of persons with disabilities in their constitution. Almost uniquely across the world, Uganda's constitution also stipulates a number of parliamentary seats that are reserved for representatives of people with disabilities. Other rights enshrined in the 1995 constitution include right to: respect and dignity; non-discrimination; and vote (with disability-specific facilitation of voting stated as the responsibility of the state). Furthermore, sign language was adopted as an official national language. In 2004, Uganda launched the National Council for Disability and the 2006 Persons with Disabilities Act (ILO InFocus 2004).

Given the emphasis on disability in Uganda's constitution, it is not surprising that its child policy is often cited as an example of good practice. In 1996 President Museveni acknowledged the equal right of children with disabilities to be educated, the same year that Uganda's Universal Primary Education Act specified free education for four children per family, with priority to children with disabilities (ILO 2004). Within a year, the number of children with disabilities in the classrooms had doubled (www.eldis.org/education). The ministry of education and sport's department of special needs education and careers guidance ensures that at least one staff member in each of Uganda's districts is responsible for overseeing the enrolment of children with disabilities in schools (UNICEF 2007).

A national committee on harmful traditional practices was set up in Uganda, with female genital mutilation said to exist within certain tribal groups in eastern Uganda. The amended Penal Code Act has abolished corporal punishment and accordingly amended Sections 286 and 287 and repealed Section 288, [but] the law does not affect the beating of children at school or at home as a form of punishment, which means that beating continues more or less unabated.

3.2.5 Zambia

The economic crisis that hit Zambia in the 1970s and 1980s as a result of falling copper prices and output led to lower education expenditure in the country. Simultaneous population growth meant that facilities were soon outstripped by demand and led to a decline in school enrolment rates, felt most keenly by female and children with disabilities (Kalabula 2000).

The introduction in Zambia in 1996 of the Persons with Disabilities Act established the Zambian Association of Persons with Disability. The national plan of action on disability was unveiled in 2003 and three years later, the ministry of sport, youth and child development's national child policy announced the role of all ministries regarding issues affecting children with disabilities.

3.3 Comparative statistics

3.3.1 Human development index

The human development index was developed by the United Nations Development Programme (UNDP) to provide an index that summarises several key attributes of a country's development – life expectancy, literacy, educational attainment and GDP per capita. Out of 182 countries for 2009, the five case study countries ranked as follows: Cameroon 150, Uganda 156, Zambia 163, Senegal 153, and Ethiopia 169.

RANK	HDI	COUNTRY
150	0.514	Cameroon
153	0.502	Senegal
156	0.493	Uganda
163	0.453	Zambia
169	0.369	Ethiopia

Source: Adapted from UNDP 2008

3.3.2 Child friendliness index

The ACPF's child friendliness index measures African governments' relative performance in realising the rights, and ensuring the wellbeing, of children. The rankings tell their own story: of the study countries, Senegal ranks highest at 15, followed by Uganda (21), Zambia (27) and Cameroon (33). Ethiopia lags behind at 42. Given the discrepancies between the human development and child friendliness rankings, we can conclude that sensitivity to the plight of children with disabilities combined with political will are more important than a country's formal level of human development.

RANK	HDI	COUNTRY
15	0.634	Senegal
21	0.611	Uganda
27	0.567	Zambia
33	0.357	Cameroon
42	0.503	Ethiopia

Source: Adapted from ACPF 2008

4. Conclusions and Recommendations

We conclude this report with a series of recommendations to end violence against children with disabilities. These include recommendations that are relevant to all five countries, as well as country-specific ones that were forwarded by the individual country research teams.

Supporting and training for carers of children with disabilities

To combat the extraordinary pervasiveness of both physical and emotional violence perpetrated against children with disabilities within their familial environments, advocacy for their inclusion in society as equals is critical. Effective support networks and inclusive institutions will relieve the pressure and isolation felt by the families of children with disabilities that can cause stress and put the child at risk of abuse. Education for carers on the behavioural characteristics associated with sensory or intellectual disabilities – such as aggression, noncompliance or communication problems – will decrease a child's risk of abuse from frustrated family members while financial and emotional assistance would relieve tension and provide support.

Increasing awareness among carers can help give children with disabilities the opportunities they deserve and will also decrease the damaging belief that they are unproductive burdens on the family, which puts them at further risk of violence. Focus group participants in all five countries mentioned the shame and stigma surrounding disability, and its role in the abuse of children with disabilities. Focusing media attention to mistaken traditional beliefs can educate both carers and wider society on the rights of children with disabilities to the same opportunities as their non-disabled peers, and will raise awareness among children with disabilities of their own right to education and protection. Children with disabilities should be treated with the same respect and dignity as all non-disabled siblings, but should not be overprotected or get superior treatment (UNAPHAC, 2009).

All births should be registered. If the state is aware of all children with disabilities, it is more likely to provide both financial and non financial support to carers, alleviating the burden of disability. Financial support provides an incentive for parents to register their children with disabilities and protect them from harm. Non-financial support – for example, promoting rights, equal opportunities and prospective livelihoods – also helps make children with disabilities less vulnerable to neglect and violence.

Availing education services for and about children with disabilities

Despite the second millennium development goal of universal primary education by 2015, school enrollment rates for children with disabilities were unacceptably low for all the study countries. By depriving them of the same rights that other children enjoy and allowing them to be the continued victims of violence and neglect, countries jeopardise their millennium development goal targets and poverty action strategies. This perpetuates the cycle of poverty and abuse that afflicts so many of Africa's children with disabilities and withholds a vibrant, capable and socially productive workforce from the economy.

We recommend a twin-track policy approach to improving the situation of children with disabilities: ensuring that all child-centred policies are inclusive and accessible to children with disabilities and that policies are

simultaneously developed specifically to target and protect them. The latter should prevent governments from citing 'inclusive' social development policies that in reality permit the neglect of disability-specific budgets and policies.

Anecdotal evidence in the study countries and across Africa points to an enormous gap between general school enrolment rates and enrolment rates for children with disabilities in particular. Even in Senegal, where 40% of the government budget is spent on education, insufficient special education training and funding of facilities for children with disabilities has kept the enrolment rate for children with disabilities at 40% (HANDICAP 2009).

The exclusion of children with disabilities from education not only violates their human right to education; it also prevents them from acquiring skills that would assist them in the future. Access to information and skill-building helps children with disabilities understand their rights and equip them with the knowledge and self-confidence to acquire skills and employment. Work offers independence and income, both of which are imperative in breaking down stigmas. Incorporating children with disabilities into mainstream education also encourages society to challenge misconceived perceptions and accept them as equal to their peers. It can also protect against familial or community abuse by ensuring the children are in contact with social workers and teachers, who report the majority of child abuse cases to police on behalf of affected children (Terre des Hommes 2007). However, in all the study countries, too few teachers are trained in the additional needs of children with disabilities and too few schools are designed and constructed to be accessible for physically challenged pupils. Both of these issues must be immediately addressed.

Our respondents indicated that emotional violence was the most prevalent and frequent type of violence committed against children with disabilities. The general education of carers and the wider community as a whole, as mentioned above, is necessary to challenge the socially accepted misconceptions that children with disabilities are less productive or less intelligent than their peers – both of which drive the emotional abuse that children face from the community at large. Children with disabilities must not be labelled by their disability but by their existence as children, and treated accordingly. Focus group participants in Uganda told researchers that “There is still a belief that people with disabilities are cursed and associating with them might bring a curse to the family” (NUDIPU 2009). Public sensitisation would also strengthen and widen the mechanisms for reporting cases of abuse to courts of law, police and human rights centres in each country.

The data also highlighted the fact that carers of children with disabilities tend to hide them away. According to focus group discussions, some parents do this out of spite or shame, others to protect their children from the perceptions and stigmas of others. While the latter is intrinsically benevolent in its intention, such behaviour also serves to ostracise the child further. By limiting their social interaction, it prevents them from exercising their human right to inclusion and stops them from learning social norms and skills.

Raising awareness of the potential of children with disabilities, combined with inclusive educational facilities, will encourage carers to send their children with disabilities to school, thus breaking the cycle of unproductivity that leads to so much abuse.

Enable government to live up to their responsibilities to protect children with disabilities from violence, through appropriate laws and policies

The onus falls on country governments to ensure that the risk of violence against children with disabilities is further minimised by criminalising all forms of corporal punishment in accordance with the UNCRC and ACRWC. They must also outlaw all harmful traditional practices and ratify conventions and laws to protect children with

disabilities. In Ethiopia this would mean removing the clauses in its revised penal and family codes that continue to permit carers to use 'necessary disciplinary measures' against children, while in Cameroon it would require overhauling the law that tolerates corporal punishment within the home.

We recommend that all the country governments follow Uganda's example and not only ratify, but also harmonise their national laws with, the UNCPRD, thus committing themselves fully to the advocacy of equal rights for persons with disabilities. Furthermore, the study in Cameroon found an alarming number of respondents had experienced no result from reporting incidents of violence perpetrated against them, despite pledges in the constitution to support people with disabilities (UNAPHAC 2009). To combat such neglect of legal obligation, the Ugandan study recommended that each country create a forum on persons with disabilities rights watch engaging of relevant stakeholders to monitor the enforcement of existing laws and policies and ensure that violence is reported to the appropriate authorities (NUDIPU 2009). The Senegalese study also advocated the creation of a national committee for the social protection of children with disabilities and a national office on persons with disabilities in charge of the integration and full participation of children with disabilities (HANDICAP 2009).

Governments must also ensure that their legal, referral and judicial systems are accessible to all children with disabilities, who will only report their abusers if they believe that the system will protect them from further harm and vindicate them. Focus group participants in Uganda discussed one instance where a child with hearing impairment reported sexual violence but the case was not followed up because there was no interpreter available. Such injustices must be remedied so that children with disabilities have reason to report any abuse. Stakeholders should be trained in early detection and prevention of violence and in post-trauma counselling for victims of violence. Acceptance and assistance on an equal level with non-disabled children and adults is crucial in improving this situation. Legal protection centres, institutions and facilities must therefore be made fully accessible to children with disabilities (NUDIPU, ECDD 2009).

All the country studies found that stigma is often most pronounced in rural areas, which are most removed from mass media and advocacy campaigns. The Senegalese partner HANDICAP suggested the need for a national structure to coordinate and implement a community-based rehabilitation strategy to ensure accurate recording and evaluation of disability in the country and to protect all children with disabilities.

Our study partners also recommended:

- ensuring that all development projects and programmes stipulate the inclusion of persons with disabilities (HANDICAP 2009);
- creating disability mainstreaming manuals and training programmes (ECDD 2009);
- creating a single consolidated legal document that brings together the many laws and protocols related either to violence against children or the protection of persons with disabilities, to reinforce national protection of children with disabilities (NUDIPU 2009);
- updating the 2003-2010 Ethiopian national plan of action for children to advocate more strongly for children with disabilities, or supplementing it with a national plan of action for children with disabilities (ECDD 2009).

The Cameroon study also stressed that organisations on people with disabilities have a responsibility to condemn and report all incidences of violation against the rights of people with disabilities and to monitor the observance of local, national and international laws relating to violence against children with disabilities (UNAPHAC 2009).

Combating sexual violence and harmful traditional practices at all levels

Interesting and differentiated trends in both male and female circumcision were seen across the sample, from zero for both sexes in Zambia to 57% of girls in Ethiopia and 96% of boys in Cameroon. While male circumcision as a health practice is not an abuse, 10% of boys and 25% of girls who had been circumcised had suffered negative health consequences as a result. This highlights a need to ensure adequate, sterile conditions for male circumcision and to continue to increase awareness about the dangers of female genital mutilation.

The research also revealed that sexual violence was as pervasive a risk to males with disabilities as it is to females with disabilities, a disturbing trend which requires further investigation. Sexual violence was particularly high in Cameroon, demanding further investigation as a priority.

All study countries have a legal system that prevents sexual violence against children on paper. However, the studies found that children with disabilities face multiple barriers to using the judicial system and are frequently abandoned to violence by those who ought to assist them. Such negligence must be reversed and accessibility to the judicial system ensured. As already mentioned in the previous recommendation, measures must be taken to ensure that courts are accessible to children with disabilities and that their needs are treated by appropriately trained professionals and psychologists.

Furthermore, the misconception that children with disabilities are asexual must be addressed. Serious moves need to be made to incorporate children with disabilities into mainstream education, which would give them access to, and ensure they are included in, education on human sexuality. This in turn would help minimise the view that children with disabilities are easy targets of sexual abuse, protecting them from sexual violence and sexually transmitted diseases. Given their high risk of sexual violence from peers (see 2.4.3) children with disabilities must be further protected through increased advocacy for equality and inclusion among other children in their neighbourhoods and at school. Again, this is best facilitated through inclusive education, which breaks down segregation and ignorance about children with disabilities among their peer groups.

Concerning prostitution and begging, the Senegalese partner argues that parents must accept their children wholly, as isolation quickly exposes a vulnerable person to temptation (HANDICAP 2009).

Protecting of the most vulnerable children

The remarkable prevalence of violence against children with disabilities is the report's most striking finding. The World report on violence against children states that, while communities and institutions both play important roles in protecting children from abuse, family units are the best providers of physical and emotional care and protection (United Nations 2006). However, as documented above, the reality for many children with disabilities is that the violence they are subjected to is frequently initiated within the family unit. The fulfilment of children's with disabilities basic human rights depends on their families, communities, societies and governments genuinely accepting them as equal citizens. The disturbing trend of increased risk of violence to children with disabilities, the futility of their reporting attacks and society's failure to protect them from further abuse can only be addressed through multifaceted campaigns based on education, information dissemination, protection and integration.

The study revealed that physically challenged males were at a higher risk of violence than any other sample group. Accordingly, we recommend further research to improve general understanding of the reasons behind this phenomenon and the best ways to combat it. Children with intellectual disabilities were shown to be the

least at risk of violence within the sample. However, this research suggests that they may find it more difficult to identify abuse, so the results may not provide an accurate picture of abuse against this particular group. Similarly, children may misinterpret emotional and sexual abuse and children with intellectual disabilities in particular may be manipulated into accepting different forms of abuse as a sign of inclusion and affection. We therefore advocate further research on this issue.

By its own choice and under the auspices of the UNCRC and ACRWC, each of the five study countries has a legal obligation to end violence against children with disabilities, including corporal punishment in institutions, educational facilities and private homes. So long as the medical model of disability permeates the thinking about children with disabilities, society will continue to see them as unproductive and inferior to their non-disabled peers. These stigmas are instrumental in heightening their vulnerability to violence, and must therefore be eradicated as a matter of highest priority. Advocacy campaigns and strong enforcement of legislation that support children with disabilities is imperative in minimising their risk of violence and maximising their protection. National legislation must also reflect the articles of the UNCRC, signed by all five case study countries, but as yet ratified by Ethiopia and Uganda.

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