

Summary Report

Violence against Disabled Children

UN Secretary Generals Report on Violence against Children
Thematic Group on Violence against Disabled Children

Findings and Recommendations

Convened by UNICEF at the United Nations, New York
July 28, 2005

Please send all comments to:

Nora Ellen Groce, PhD
Global Health Division
Yale School of Public Health
60 College Street
New Haven, Connecticut
USA 06520
E-mail: <nora.groce@yale.edu>
Phone: 203-785-2866
FAX: 203-785-6193
OR
Corrie Paeglow, MPH
Research Associate
Yale School of Public Health
<corrie.paeglow@yale.edu>

CONTENTS

Introduction	4
Background	5
Settings	
I. Violence.. in the home and family	6
I.a Infanticide/Mercy Killing	6
I.b Physical violence, sexual, emotional and/or verbal Abuse of disabled children	6
I.c Theory of child induced stress	7
I.d Neglect as a precursor to violence	7
I.e Violence and abuse linked to social isolation.....	8
I.f Abuse by support staff within the home	8
I.g Barriers to intervention.....	9
II. Violence in Educational and Custodial Settings	9
II.a Violence in Non-Residential Schools	9
II.b Violence inside the classroom	10
II.c Violence in Residential Schools	11
III. Institutions	
III.a Victims of violence	11
III.b Profound neglect	11
III.c Dangerous facilities that foster violence	12
III.d Guardianship	14
IV. Criminal Justice System	14
V. Community Based Violence	15
V.a Socially sanctioned violence	15
V b Ease of victimization.....	16
V.c Need for social inclusion	16
V.d Lack of consequences for abusers	16
V.e Inaccessibility of legal services	16
V.f Inaccessibility of related services	17
V.g Lack of knowledge about disability within legal system.....	17
V.h Community-Based Disability-specific risks	17
h.i Virgin Rape and HIV/AIDS	17
h.ii Exorcism and related traditional Practices	17
h.iii Unnecessary/unproven medical intervention.....	18
a. Electroshock therapy	18
b. Medicated compliance	18
c. Hysterectomies	18
VI. Violence in the workplace	19
VI.a Disabled children used as beggars	20
VI.b Disabled Children and Prostitution	20
VI.c Work as a Precursor to Disability	20
VII. Violence as a Precursor to Disability: an Additional Areas of Concern	
VII.a . Violence as a Precursor to disability in the household	20
a.i. Mental Health Implications.....	20
a.ii. Link between sexual abuse and mental illness	21
VII.b Violence as a Precursor to disability in the community	21
b.i. Landmines	21
b.ii Intentional Maiming	21
b.iii Child Soldiers	21
b.iv Disability as the result of community violence	21

Recommendations	22
A. Recommendations at the Community Level	22
1. Inclusion of disabled children in general as well as Disability-specific violence prevention initiative.....	22
2. Fostering increased awareness among international, Bilateral and NGO community	22
3. National, regional and local government must take a Leadership role	23
4. Civil Society must play a significant role	24
5. People working with disabled children must be made Aware of the risk of violence	25
6. Need for oversight and reporting mechanisms	25
7. Institutionalized settings warrant particular concern and Oversight.....	25
8. Oversight in non-residential settings, community programs And places of employment	27
9. Disability-led advocacy groups and parent organizations As invaluable resources and allies	27
10. Need for transparency in public oversight	27
B. Recommendations at the Individual Level.....	28
11. Empowerment of children and families to advocate on Their own behalf	28
12. Inclusion of families with disabled children in violence Intervention measures	28
13. Need for more research	29
Conclusion	30
Footnotes	31
Bibliography	31
Appendix A: Participants at UN Conference	32
Appendix B: Consulting experts	33

Introduction

Children who live with a physical, sensory, intellectual or mental health disability are among the most stigmatized and marginalized of all the world's children. While all children are at risk of being victims of violence, disabled children find themselves at significantly increased risk because of stigma, negative traditional beliefs and ignorance. Lack of social support, limited opportunities for education, employment or participation in the community further isolates disabled children and their families, leading to increased levels of stress and hardship. Disabled children are also often targeted by abusers, who see them as easy victims.

This report presents the findings of the Thematic Group on Violence against Disabled Children, convened by UNICEF at UN Headquarters in New York on July 28, 2005 and charged with the task of providing comments and recommendations on violence against disabled children to be made available for the UN Secretary General's Report on Violence against Children. In this report, key issues on violence against children with disabilities will be reviewed. Some of the issues raised will be familiar to those who work on violence against children. Other issues will be disability-specific and even experts and advocates on violence against children may be unfamiliar with them or have not thought deeply about the implications that such practices have in relation to violence against and abuse of disabled children.

It is important to note that the factors that place disabled children at increased risk for abuse are often related to social, cultural and economic issues, and not to the actual disability itself. As such, interventions that address violence and abuse against disabled children can and should be effective if implemented with concern and resolve.

It should be noted at the outset that:

- The number of children and adolescents with disability are significant. While calculations vary depending on the specific definition of disability, using the World Health Organization's definition of individuals with a disability as individuals having a physical, sensory (deafness, blindness), intellectual or mental health impairment, some 200 million children - 10% of the world's young people - are born with a disability or become disabled before age 19.
- Disabled children must be included in all programs intended to end violence towards and abuse of children. Disabled children cannot wait until issues of violence and abuse are fully addressed in non-disabled children. The reasons for this are two-fold: 1) the lives of disabled children are no less valuable than the lives of all other children and the short- and long-term consequences of violence and abuse for them are no less severe; and 2) violence against children as a global problem will not be solved unless violence against the world's million of disabled children is included as part of the overall solution. Nor will any of the Millennium Development goals be met unless this large and most marginalized group of children are fully included and addressed. As Article 23 in the United Nations' Convention on the Rights of the Child clearly states, children with disabilities have the right to 'enjoy a full and decent life, in conditions which

ensure dignity, promote self-reliance and facilities the child's active participation in the community.

This paper will begin by providing an overview of violence against disabled children, followed by an enumeration of issues of violence against disabled children in specific settings. A series of recommendations from the Thematic Group meeting will follow, identifying how violence against disabled children can best be addressed both as part of general violence intervention efforts and, where needed, through disability-specific interventions. (Footnote A)

Background

According to researchers, children with a physical, sensory, intellectual or mental health impairment are at increased risk of becoming victims of violence. While the amount of research available on this population is extremely limited, particularly for disabled children in the developing world, current research indicates that violence against disabled children occurs at annual rates at least 1.7 times greater than their non-disabled peers. (1) More targeted studies also indicate reasons for serious concern. For example, one group of researchers report that 90% of individuals with intellectual impairments will experience sexual abuse at some point in the life, and a national survey of deaf adults in Norway found 80% of all deaf individuals surveyed report sexual abuse at some point in their childhood. (2,3)

The specific type and amount of violence against disabled children will vary depending upon whether it occurs within the family, in the community, in institutional settings or in the work place.(4) There are however, several key issues that appear time and again when such violence occurs. Most striking is the issue of reoccurring stigma and prejudice. Throughout history many – although not all – societies have dealt poorly with disability. Cultural, religious and popular social beliefs often assume that a child is born with a disability or becomes disabled after birth as the result of a curse, 'bad blood', an incestuous relationships, a sin committed in a previous incarnation or a sin committed by that child's parents or other family members.

A child born in a community where such beliefs exist is at risk in a number of ways. A child born with a disability or a child who becomes disabled may be directly subject to physical violence, or sexual, emotional or verbal abuse in the home, the community, institutional settings or in the workplace. A disabled child is more likely to face violence and abuse at birth and this increased risk for violence reappears throughout the life span. This violence compounds already existing social, educational and economic marginalization that limits the lives and opportunities of these children. For example, disabled children are far less likely than their non-disabled peers to be included in the social, economic and cultural life of their communities; only a small percentage of these children will ever attend school; a third of all street children are disabled children. Disabled children living in remote and rural areas may be at increased risk.

Settings

I. Violence in the home and family: Causes of violence and resulting behaviors :

In societies where there is stigma against those with disability, research indicates that some parents respond with violence because of the shame the child had brought on the family or respond with violence because a lack of social support leads to intense stress within the family. Among the violent manifestations of this are:

I.a: Infanticide & mercy killings: Disabled children may be killed either immediately at birth or at some point after birth; and sometimes years after birth. The rationale for such killings is either 1) the belief that the child is evil or will bring misfortune to the family or the community or 2) the belief that the child is suffering or will suffer and is better off dead. Often called “mercy killings” such murders are usually a response to societal beliefs about disability and lack of social support systems for individuals with disability and their family, not the actual physical condition of the child him or herself. In ‘mercy killings’ a parent or caretaker justifies withholding basic life sustaining supports (usually food, water and/or medication) or actively takes the child’s life through suffocation, strangulation or some other means, with the intention of “ending suffering.”

What links such behaviors together is that the cause of death is not the child’s disability, but actions taken on the part of the child’s parent or caretaker. Importantly, the actions of the parent or caretaker are often not taken in isolation. The decision to end the life of a disabled child may be prompted either directly with advice and counsel of medical, social, and religious leaders or family members. It may be prompted indirectly through lack of social, economic and medical support networks that leave parents feeling isolated, depressed and desperate. Cases where parents decide to end the life of a disabled child because they themselves are ill or aging and fear their child will be subjected to abuse or neglect after their own deaths are particularly heartrending. That communities often do not prosecute such forms of homicide or let the perpetrator go with a reduced punishment is recognition from the surrounding society of the lack of support and encouragement given to caring for and raising a disabled child. Importantly, in some societies, there are also often gender differences, with disabled girl infants and girl children more likely to die through ‘mercy killings’ than are boy children of the same age with comparable disabling conditions.

I.b. Physical violence, sexual, emotional and/or verbal abuse of the disabled child in a violent household: While many parents are violent towards children where no disability exists, when a disabled child lives in a violent setting his or her disability often serves to compound and intensify the nature and extent of the abuse. For example, a mobility impaired child may be less able to flee when physically or sexually assaulted. A child who is deaf may be unable to communicate about the abuse he or she faces to anyone outside his or her

household, unless these outsiders speak sign language or understand the home signs the child uses. (And when the abuser is the one interpreting the child's statement to someone outside the household, this further limits the child's ability to report abuse or ask for help). A child who is intellectually impaired may not be savvy enough to anticipate a parent's growing anger or know when to leave the room to avoid being struck.

I.c. Theory of child induced stress leading to violence: Several theories of child abuse state that a disabled child faces increased risk as the result of child-produced stress. It is hypothesized that this cycle of increasing tensions can begin long before the child is diagnosed as having a disability. For example, a child with a hearing impairment may be regarded as disobedient; a child with vision problems may not make eye contact and appear to be unresponsive, a child with a neurological disorder may be difficult to comfort or feed. Other researchers suggest that parents who become violent towards their disabled child are reacting not to the child's condition alone, but to the social isolation and stigma they encounter from surrounding family, friends and neighbors. Parents of disabled children often lack social supports as family and friends distance themselves; they can find no school willing to take their child or they live in communities where there are few or no social services to help them with their child's needs. It is possible that both child-produced stressors and social isolation are compounded to produce a stressful and potentially violent situation in a household coping with a disabled child. It is also true that not all households with disabled children are violent and even within the same communities there are coping mechanisms in some families that prevent violence, while children with identical disabilities in other households are subjected to violence. As with many aspects of violence towards disabled children, at this point, much more research is needed to allow us to adequately understand the factors that inhibit or foster violence towards these children.

I.d. : Neglect as a precursor to violence: Parents may respond to the stress of caring for a disabled child with neglect rather than active violence, however when this neglect involves denial of food, medicine and other life sustaining services, it must be considered a form of violence. For example:

- **Neglect in providing basic/life sustaining care:** The disabled child in a household may receive less food, medical care or other services. This can be subtle, for example, parents or caretakers may wait a few additional days before spending scarce money for medicine or the child may receive less food or less nutritious food than his or her sibling. The response can also be direct: refusal to continue to feed, house or cloth a child after he or she has been disabled.(5) Such neglect can lead to further impairments in a vicious feedback feed back cycle in which the disabled child continually loses ground developmentally.
- **Neglect to provide disability-specific care:** Disability-specific health concerns are exacerbated through neglect. For example, bed

sores go unattended resulting in a potentially deadly systemic infection or a disabled child who needs assistance eating will become malnourished because no one takes enough time to adequately feed him or her.

- **Refusal to intervene:** Family, neighbors, health care professionals or social service experts may be aware that a disabled child is being abused by parents or caretakers in the home, but are unwilling to intervene, rationalizing such violence by citing stress on parents or lack of alternative care arrangements. While deciding when to intervene to stop violence against children in the home is an issue in many societies, the neglect highlighted here is when a community does not stop violence against a disabled child that would be considered intolerable if perpetrated against a non-disabled child.
- **Gender specific neglect:** Such neglect may be further exacerbated by gender – for example, in a study from Nepal, the survival rate for boy children several years after they have had polio is twice that for girl children, despite the fact that polio itself affects equal numbers of males and females. Neglect, in the form of the lack of adequate medical care, less nutritious food or lack of access to related resources, is the apparent cause of these deaths. (6)

I.e: Violence and abuse linked to social isolation.

- * **Child is shunned within the household,** with few family members talking to him or her or overseeing his or her safety
- * **The child is not allowed to leave the house or household compound.** In some cases, the child is kept home to ensure his or her own safety, as parents fear that the child may be struck by a cart or abused by someone in the neighborhood. But in many other instances a child is kept isolated because the family fears the reaction from other members of the community. Children in some communities are kept shackled in windowless storerooms, hot household courtyards or dark attics for weeks, months or years, often with little or no interaction, even by those within the household. Next door neighbors may not know of the child's existence and family members across town may be told that the child has long since died.

I.f: Abuse by support staff within the home– Parents and caretakers of disabled children must often call upon informal networks of family, friends and neighbors or formal networks of in-home nursing and attendant care to help with child care, rehabilitative or medical support. In such instances:

- * Physical, sexual, verbal and emotional abuse may take place by caregivers without the parent's knowledge or while the parent is away.

- * Parents may be aware of or suspect abuse, but feel there are no alternatives to help with the care of the disabled child and thus be unwilling to admit, confront or cancel the services they receive.

I.g: Barriers to intervention: Social service and child advocacy agencies may be aware that a disabled child is the victim of violence or neglect, but choose to keep that child in the household because there are few or no alternative foster care or safe, temporary residential care facilities that are disability accessible or willing to take in a disabled child. The response of disabled children themselves to on-going violence within the home is dictated by a number of factors. They may be:

- Unaware that the abuse and neglect is unacceptable – in part because unlike the non-disabled child, they have little contact with others outside the household.
- Be aware that this type of behavior is unacceptable, but be unable to physically contact or communicate with individuals outside the household who could help them
- Be aware that this type of behavior is unacceptable, but fear loss of relationship with care giver or family member. While this is an issue for many children in violent households, for disabled children dependent on their abusers for physical care, communication with the outside world or other disability-specific concerns, these issues are more complex.
- Be aware that this type of behavior is unacceptable, seek to alert authorities, but are not listened to or believed.

II. Violence in educational and custodial settings

Millions of disabled children around the world spend part or all of their lives in institutional settings, be it in schools within their communities, disability-related residential schools, institutions or hospitals, or in the criminal justice system. In all cases, being disabled increases and compounds their risk for becoming victims of violence.

II.a: Non-residential schools: Sadly, victimization of disabled children in school can begin even before the child enters the schoolhouse door:

- **Traveling to and from school:** Because educational facilities for disabled children are rare, many children travel long distances to school. Reports of physical and sexual abuse by those responsible for transportation to and from school are common. For example, a recent study in the United States reported that 5% of all disabled students reporting sexual abuse were abused by bus drivers on their way to or from their schools. (7)
- **Physical threat of violence.** Disabled children are often bullied, teased or subjected to physical violence (being beaten, stoned, spit upon, etc.) by members of the community on their way to and from school

- **Victims of crime:** Disabled children are often targeted by predators on their way to and from school. For example, perpetrators of violent crimes, including robbery and rape, often target students on their way to schools for the disabled, believing them to be more vulnerable and less likely or able to report crime or abuse. Students with sensory impairments (deafness or blindness) and students with intellectual disabilities seem to be at particular risk.

II.b: Violence inside the classroom:

- **Teachers:** Disabled children are often beaten, abused or bullied by teachers, particularly untrained teachers who do not understand the limitations of some disabled children. Children with intellectual disabilities and children with hearing impairments are particularly at risk, but reports worldwide find that all disabled children are potential victims. Sexual abuse by teachers is also widely reported for both male and female students.
- **Fellow students:** Teachers that humiliate, bully or beat children not only directly cause harm to the child, but model such behavior for other children in their classroom, who may follow the teacher's lead in physically harming, bullying and socially isolating the targeted disabled child. Sexual abuse by fellow students is also a concern and is often linked to physical violence and bullying behaviors by such classmates.
- **School staff:** Individuals who work as teacher's aides or attendants for disabled children, or help transport, feed or care for such children, are often underpaid, overworked and largely unsupervised. While many who undertake such career choices do so out of the best of motives, others choose these jobs because it allows easy access to the most vulnerable of children. A study from the US, found that 11% of all those working as teachers' aides, transportation staff or school janitorial staff in programs that served disabled children had previous criminal records, many related to child abuse or sexual abuse.(8)
- **Lack of reporting mechanism:** Few schools have mechanisms in place that allow students, parents or caregivers to complain about violence or victimization. This is all the more serious because in many communities there are only a handful of schools or educational programs that are available for disabled children. Parents/caregivers or children may hesitate to complain about violent or abusive behavior in the school, fearing that they will be dismissed from a program when no alternative exists. Of equal concern, few schools have

systems in place to allow school staff to report abuse they have observed on the job.

II.c.: Violence in Residential schools: In a number of countries, children with specific types of disabilities, (particularly children who are deaf, blind or intellectual impaired) are educated in residential schools, where they may live away from their families for months or years. In addition to the potential for victimization noted above for disabled children in the classroom, additional concerns for violence against disabled children must be noted for residential schools:

Housing at residential schools: Children who live in dormitories or are boarded out with local families are often subject to both physical violence and sexual abuse.

Lack of reporting mechanisms: Reporting mechanisms for such violence is limited or non-existent for most children. Children in residential schools often have little or no regular contact with the parents – (and in some cases, such as with deaf children, may have parents who are unable to speak sign language or otherwise effectively communicate with them). Often there is also no adult caretaker or teacher in the school to whom the child can report abuse.

III. Institutions

In many countries, disabled children are placed in institutions at birth or as toddlers and remain there until death. It is important to note that while institutions continue to be considered the norm for disabled children in many countries, in fact, until two hundred years ago, few institutions existed. Prior to the establishment of institutions, it was expected that disabled children would remain with their families, living in the community throughout their lifespan. In recent years, a growing number of Disability Rights advocates as well as human rights advocates and experts in law, pediatrics, public health and rehabilitation have called for the closing of institutions for disabled children and a return to community-based living. Certainly all available data show that children in institutions do far worse socially, educationally, medically and psychologically than children raised in supportive community settings. While institutionalization itself can have serious physical and psychological effects on children, violence against disabled children in institutions is of grave concern – and particularly widespread. Globally, the following issues appear with frequency:

III.a: Victims of violence: Disabled infants, children and adolescents in institutions around the world are routinely subjected to physical violence and sexual, verbal and emotional abuse by staff, visitors and fellow patients.

III.b: Profound neglect - (neglect to the point where it is life threatening): Disabled children are often kept in environments that can only be described as inhumane. Institutions for disabled children are often at the bottom of government priority lists and lack adequate funding, consistent support or

oversight from government or civil society. Institutions are often overcrowded, unsanitary and suffer from lack of both staff and resources which leads directly to avoidable suffering and death. Among abuses reported within the past several years that should be noted in any discussion of violence against disabled children are:

III.c: Dangerous facilities that foster violence: In many institutions, infants, children and adolescents with disability are kept in overcrowded wards. These children have little or no physical contact with caretakers, lying for hours or days unchanged on urine soaked mattresses and suffering from undernourishment and malnutrition. They receive little or no stimulation in the form of individualized adult attention, toys or attempts at toilet training, self-care or education. Children who are considered demanding or troublesome may be inappropriately restrained - chained to their beds, straight jacketed, have plastic soda bottles taped over their hands, beaten or medicated so they do not disturb the staff. Accounts of disabled children being placed in cages, cells or pits come from institutions around the world.

Such conditions are not only inhumane in themselves but are also an invitation to further violence: reports of physical violence and sexual, verbal and emotional abuse by staff, visitors and other patients in these facilities come from institutions on every continent. A Human Rights Watch Report found the death rate among institutionalized disabled children in several countries in Eastern Europe was almost twice that for children in the general population and for disabled children who are kept at home; in Chinese orphanages, where a significant proportion of all admitted children are disabled, the mortality rates in some institutions over the life of the children in their care, exceeds 75%. (9, 10)

Understaffing of institutions: One consequence of the lack of adequate funding is severe understaffing, with staff/ patient ratios in some facilities for disabled children reaching more than one hundred children for each adult staff member. As noted above, children are not only left unattended for long periods of time during the day, but overnight entire wards are often unattended or padlocked with only a skeletal night shift to oversee facilities with hundreds of children. There is often no oversight, and physical and sexual abuse in such instances is rife.

Staffing of institutions for disabled children presents an additional problem. Because such work is demanding, low paying and lacks social status, administrators must often settle for staff that is unskilled and increasingly overworked. Among the regularly reported issues that arise with such staff are the following:

* **Lack of understanding of child capabilities:** Staff who lack training and background on disability can be quick to lash out at disabled children either because of frustration with the job or lack of understanding about the limitations of the children in their charge. Training of staff around issues of violence or abuse is rare or non-existent, meaning that the problems are not addressed.

* **Targeting of children:** The low pay, low social status, long hours and hard working conditions in many institutions means that workers are hard to find and administrators are quick to hire anyone. Background checks on personnel often are not done. This allows some individuals, intent on harming or sexually exploiting children, to regularly seek work in such institutions. As is the case of caregivers and workers in day schools and special education programs cited earlier, individuals with criminal histories of child abuse and sexual exploitation are attracted to jobs that allow them easy access to children. Severe understaffing, lack of oversight and reluctance to prosecute abuse against disabled children, make institutions particularly susceptible to these staffing problems. Reports also indicate that because of lack of a registry or oversight of such predators when an abusive employee is discovered it is not uncommon for that individual to be fired from one institution and soon turn up working at another institution for disabled children nearby.

* **Lack of discrete facilities for children:** In many institutions, disabled children are cared for on the same floors or in the same wards as adults. In fact, in some institutions, adult patients are pressed into service to help care for disabled infants and children. This is particularly true in mental health facilities and institutions for those with intellectual impairments. In overcrowded and poorly staffed institutions, oversight or guidance of adult patients as they care for disabled children is rare. The opportunities for abuse are rife and common, further compounded by the fact that the adult patients, now abusing the disabled children, may themselves have been victims of similar violence when first institutionalized as children.

* **Lack of heat and food:** Under-funding creates other risks for disabled children. For example, because it is widely believed that individuals with intellectual disabilities and mental health impairments cannot feel the cold, to save money, in some institutions in Eastern Europe, even in the dead of winter, the heat is routinely turned off overnight. In a recent study for the UN Commission on Human Rights, Special Rapporteur Paul Hunt cites the example of the Poiana Mare Psychiatric Hospital in Romania, where in the winter of 2004, 17 patients died from hypothermia and malnutrition.
(11)

Lack of oversight/ monitoring: Many institutions have historically been set in isolated areas far from urban centers. While the tranquil country

existence was at one time believed to be beneficial to patients and staff, such locations also assure that there will be few visits from family, and little oversight by government, public health officials, members of the general public, or the press. Even institutions in the middle of large urban areas routinely isolate children from the surrounding community through tightly restricted visiting policies that deny easy access to family, community leaders and the press. Children in such institutions are often further isolated when they are rarely or never allowed to leave the grounds of the institution. Indeed, many urban schools are surrounded by high walls or fences to make sure that the children are visually as well as physically and socially isolated from the urban landscape that surrounds them. The result is that in institutions where violence is a problem, oversight from the wider community has historically been difficult to maintain and even today, this presents major challenges that must be addressed. Moreover, few institutions have any internal reporting or oversight mechanism that would allow staff or visitors who witness abuse to report it. Even fewer institutions have any internal mechanism that would allow children who are being abused to report the abuse to responsible parties within or outside of the institution to ensure that their complaints are investigated and acted upon.

In addition, children in institutions may hesitate to identify their abusers for the same reasons that children are afraid to identify abusers in their household or in the community: They fear physical, sexual or psychological reprisal; they fear loss of attention or affection from individuals on whom they have come to depend; they fear they will not be believed and they fear that they will be blamed or otherwise embarrassed or humiliated.

III.d: Guardianship: Mechanisms for children to report abuse by staff do not exist in many countries. This is further complicated where institutions hold legal guardianship over disabled children. In such situations, the right to request outside review or intervention to end violent situations can be denied by the very institution in which the abuse is occurring, on the grounds that the institution holds the legal guardianship over the abused individual and is therefore entitled to decide for that individual what services or interventions are needed.

IV. The Criminal Justice System

While disabled children are often discussed in terms of special education and institutionalization, it is important to note that disabled children are also disproportionately represented in the criminal justice system. Furthermore, once in the system, they often fare far worse than their non-disabled peers. Such findings have been reported since the early work of Gunnar Dywad in the 1940s, when it was found that a significant number of children in the criminal justice system in Europe and the United States were intellectually disabled or had mental health impairments.

Disabled children are at risk for a number of reasons. They are more likely than their non-disabled peers to have no schooling available or to leave school early due to abuse and lack of appropriate educational opportunities and because of this, are much more likely to wind up on the streets. Indeed, as noted earlier, UNICEF estimates that perhaps a third of all street children may have some type of disability. (12) Once on the streets they are at risk of being talked into taking part in criminal activities often by non-disabled individuals who see them as pawns. For example:

- Psychologists suggest that because many disabled children have been socially marginalized growing up, they are more easily talked into things because they are particularly anxious to please others and to feel included.
- Such children are at increased risk of being caught and incarcerated, as they are less adept than their non-disabled peers in discerning when to run from the police and less capable of talking their way out of situations when stopped and questioned or picked up as vagrants.
- Such children are also often less adept than their peers in understanding what they need to do and say once they are in the criminal justice system, thus lessening their chances to get out of trouble, explain their actions to lawyers or counselors or making a compelling witness in front of a jury
- Once incarcerated, either in an adolescent facility or an adult prison, such children are at risk of bullying and violence. They are also at greatly increased risk of sexual exploitation.

Additional concern:

- Human rights organizations report that in some countries where large and growing numbers of street children are considered a threat to the urban life, there have been systematic killing of these children by the police death squads. Disabled street children – less likely than their non-disabled peers to protect themselves or flee from the police, may be at increased risk in such situations.

V. Community Based Violence

In the preceding sections various forms of violence against disabled children in the family and household have been identified, as well as risks in educational and custodial institutions. Children with disability however, are also part of the wider community and unfortunately here as well, are at increased risk for violence. Stigma and prejudice allows some members of the community to see disabled children as easy targets of rage, anger or sexual aggression. They are at increased risk because they are physically vulnerable and in some cases, emotionally needy. Also importantly, disabled children are vulnerable because the current systems of protection that societies have in place for other children are inaccessible to or unresponsive to many disabled children. Among the issues involved are:

V.a.: Socially sanctioned violence – Stigma against children who are disabled can result in socially sanctioned violence against these children in the community. Such violence is sometimes perpetrated by those who feel that such children are a threat to others through words, actions or their very existence. Often, violence is perpetrated by those who feel that such children have little value and so consider

them easy victims for physical harm, sexual abuse or other forms of aggression. Violence can come at the hands of adults, but it can also come at the hands of non-disabled children and teenagers – who can physically, sexually, verbally and emotionally (tease and bully) abuse such disabled children. While violence by non-disabled young people is sometimes done by individuals, groups or gangs of non-disabled children can be particularly cruel to their disabled peers. Importantly, socially sanctioned violence does not mean that everyone in a community will be violent towards disabled children, but it does mean when such violence occurs, many will not intervene to stop it and often, will look on the child's suffering as 'normal' or even as something that is amusing or entertaining.

V.b: Easy victimization – Disabled children are often victims of violence because they are easily harmed. Some are physically unable to protect themselves or flee from their attackers. Children who are deaf may be unable to report what has happened to them to family or police if these people do not speak sign language. Blind children who are victims of physical violence or rape often have a hard time describing their aggressors in ways that others can understand – (although they are often able to provide a great deal of information if people around them take the time to listen to their descriptions). Children who are intellectually disabled or mentally ill may have a difficult time providing coherent descriptions of those who have harmed them.

V.c: The Need for Social inclusion: Additionally, research indicates that many disabled children, already marginalized and stigmatized, are desperate to make friends and be included. Because of their need to feel included, some may be more easily manipulated, and be willing to put up with physical violence, sexual abuse or bullying, as long as these fragile young people are allowed to hang around and feel included.

V.d: Lack of consequences for abusers: Lack of response to disabled children by the police, judges and court systems further compounds the risks faced by disabled children. Such lack of response is manifested in two ways:

d.i: Inaccessibility of legal services: In many countries, the criminal justice system is inaccessible to those with disabilities. Police stations and court houses that can only be entered by steps are inaccessible to wheelchair users and a lack of sign language interpreters bar deaf individuals from reporting crimes. The lack of explanation and support for individuals with intellectual disabilities or mental health problems means that many individuals with these disabilities find the act of reporting violence or giving testimony against an abuser or otherwise seeking justice is too complicated to pursue. Compounding this, as noted earlier, individuals with disability and their families tend to be far poorer than other members of the population, and this poverty can severely limit the ability of disabled children and their families to afford legal services.

d.ii: Inaccessibility of related services: Domestic violence shelters, drug and alcohol intervention programs, and other community-based programs specifically designed to address behaviors and practices strongly associated with violence, are often inaccessible to those with disabilities. For example, many drug and alcohol programs for young people explicitly refuse to treat individuals with mental health problems – a glaring lack of inclusion given the heightened risk these young people face for drug and alcohol abuse. The large number of disabled children and their families who live in poverty also reduces that number of disabled young people able to afford related social services.

V.e: Lack of knowledge about disability within the legal system: While inaccessibility is a significant barrier to seeking retribution or protection from violence under the law for individuals with a disability, equally troubling is the fact that disabled children are rarely believed when they do seek help. All too often, charges of violence or rape from individuals with a disability are dismissed by the police or judges who are unfamiliar with disability –with the assumption that a ‘misunderstanding’ has occurred or that individuals with disability are easily confused. Even more troubling is the assumption that a child or adolescent with disability is unable to tell ‘right’ from ‘wrong’ or to decide themselves what they want and do not want done to their bodies. Even when police, lawyers and judges recognize that violence or rape is no less traumatic for the disabled child than for the non-disabled child, it is often assumed that they will not make good witnesses on their own behalf, and they are discouraged from pressing charges. Indeed, in a number of countries, individuals with certain types of disability are barred from presenting testimony in court, swearing an oath or signing their names to legal documents. In a climate such as this, those who seek to perpetrate violence against children often seek out disabled children, as there is little or no consequence, even if the abuse should come to light. To put it bluntly, violent individuals and sexual predators specifically target disabled children because they are often able to get away with it.

V.f: Community based – disability specific risks: In addition to the risks encountered in community settings noted above, there are some types of violence and abuse that are disability-specific:

f.i.: Virgin rape and the AIDS epidemic: The folk belief that individuals with sexually transmitted diseases, (including HIV/AIDS) can rid themselves of the infection if they have intercourse with a virgin poses a particular risk for disabled children. In most societies, individuals with a disability are incorrectly believed to be sexually inactive – hence virgins. Published reports indicate that in many countries, HIV-positive people, desperate to rid themselves of the infection, are targeting individuals with disability for rape. Disabled girls and young women are at particular risk – as are disabled boys and young men. (13)

f.ii: Exorcism and related traditional practices: Belief that a child is born with a disability or becomes disabled as the result of witchcraft, evil spirits or being inhabited by the Devil is widespread in many societies in both developed and developing countries. Attempts to ‘heal’ a child by driving evil forces out through severe beatings, starvation or other forms of violence, such as wrapping children for hours or days in blankets to the point of suffocation or subjecting them to fire, extreme heat or cold or other treatments that can cause injury or death, is unacceptable but widespread. Such violence against disabled children causes not only serious injury and death but also can do profound psychological damage to the child involved.

f.iii Unnecessary or unproven surgical and medical treatments: Use of unnecessary or unproven surgical and medical interventions that cause injury or death to disabled children is of great concern. While there are many surgical and medical interventions that are warranted, certain practices are allowed for disabled children that would not be tolerated for non-disabled children. Often such practices are used without oversight or review by clinicians, hospital administrators, or members of the general public when disabled children are involved. For example:

a.: Electroshock therapy: while the short and long-term adverse effects of electroconvulsive shock therapy treatment has caused the treatment to be banned in many countries, particularly where children are concerned, such treatment is still regularly used on disabled children and adolescents with mental health impairments. (14) Because it is believed that such children cannot feel pain, in some institutions electroshock therapy continues to be applied to disabled children without benefit of anesthesia or muscle relaxants in direct violation of both international law and established medical protocols. The questionable use of such treatment is further underscored by the fact that there are reports that this treatment is being used on disabled children in institutions where drastic understaffing may result in decisions to perform electroshock therapy on children who are more active or need more attention. To give electroshock therapy to a child in lieu of appropriate or needed nurturing or supervision because of limited budgets and drastic understaffing is unacceptable.

b: Medicated to assure compliance: Similarly of concern, is when disabled children are heavily medicated by staff in institutions and hospitals because there is too little staff to tend to their needs, or when they are heavily medicated so that they will be unable to defend themselves from physical violence or sexual assault.

c: Routine hysterectomies: Yet another example of medical malpractice that falls within the scope of this Report is the practice of routinely giving young girls with intellectual impairments or mental health concerns hysterectomies. Girls as young as 7 or 8 still undergo

such operations, with reports of this practice coming within the past five years from both Eastern Europe and Australia. Two reasons are usually given when this practice occurs: 1) the operation is being done to ensure that these young girls will not begin to menstruate, thus avoiding the ‘unnecessary’ demands that would otherwise be placed on caretaker time and energy and 2) the operation will ensure that the young woman will not become pregnant. Such concerns speak to the problems of understaffed institutions and the lack of sexual education for disabled girls, as well as the assumed risk of rape for young women both in institutions and the community. There is no medically justified need for such a major, life-altering operation.

VI. Violence in the Workplace

Because disabled children frequently receive no formal education, their working lives often begin earlier than those of their non-disabled peers. Furthermore, because they are rarely trained or apprenticed for a specific trade or skill, they are often sent to work at the most menial jobs, constituting some of the harshest forms of child labor. While it is known that many disabled children are in the workplace, little information on these children exists because most find work in informal sectors of society - as house servants, farm workers, in shops or in factories. Documentation of violence against disabled children in the workplace is therefore limited. However, knowledge from other realms of disability research can provide some insight. For example, those disabled children who are unable to work as quickly as their non-disabled coworkers, or those who are unable to hear to understand or follow directions, are at risk of being beaten and bullied. Because finding and keeping work for individuals with disability is difficult in most societies - (i.e.: even in developed countries, the unemployment rate for adults with disability often is above 80%) – disabled children and adolescents have little voice in the workplace and are at risk not only for physical, sexual and verbal abuse, but are also less likely to report such abuse or to quit should they be abused.

VI.a.: Disabled children used as beggars: Worldwide, the most common form of employment outside the household for disabled children may be begging:

- Disabled children are regularly used to generate income through begging. Some are placed on the streets to beg by their own families, some are sold by their families to others who keep stables of disabled children in organized rings of beggars. Either way, reports and anecdotes from dozens of countries indicate that such children are routinely subjected to violence both in order to keep them on the streets and once on the streets, by members of the general population, who see such children as easy prey. Furthermore, it is reported that disabled children used as beggars are often subjected to physical abuse and torture in order to make them appear more pathetic and worthy of charity. (15)
- In a number of countries, non-disabled children are physically maimed to ensure they will generate money as beggars.

VI.b.: Disabled children sold into prostitution: While poverty and lack of alternatives lead many families to give or sell their children into prostitution, some disabled children are specifically sought out because of their disabilities under the assumption that their disability will make them more compliant and/or less able to call for help. For example:

- In Thailand, there are reports of proprietors of houses of prostitution specifically seeking out deaf girl children and adolescents, with the idea that such young people will be less able to communicate their distress or find their way back to their homes in a world where neither their customers, employers or fellow sex workers are able to speak sign language.
- In Taiwan, a recent study found that the proportion of child prostitutes who had mild developmental disabilities was six times greater than what might be expected from the incidence in the general population. (16)
- In Kosovo, there is a trade in prostitution linked to mental health facilities. In a country where girls and adolescents in mental health institutions are automatically transferred to adult mental institutions as they grow into adulthood, one of the few ways to get out is for these girls to agree to be *sold* into prostitution. The selling of these girls into prostitution is done by staff at the mental health facilities. (17)

VI.c: Work as a precursor to disability – The harshest forms of child labor, where children are forced to work in mines or factories, farms and boats, can also lead non-disabled children to become disabled. Where children are subject to serious accident and injury, exposed to disabling chemicals, tied to looms or machines for hours each day, disability will occur. And once disabled, the child will be at increased risk for all the various forms of violence against disabled children noted throughout the rest of this report.

VII: Violence as a precursor to disability: an additional area of

concern: While the preceding discussion has dealt specifically with the impact of violence on children with disability, the Thematic Group also makes note of the fact that violence itself is often a precursor to disability:

VII.a. Violence as a precursor to disability in the household: Violence towards children is frequently not an isolated event but an outgrowth of a violent household. (18) A pregnant woman who is beaten, punched, kicked or otherwise physically abused has a higher probability of giving birth to a child with permanent brain injury or neurological damage. Such a child, born into an already violent household, will be at risk for ensuing physical, sexual, verbal and emotional abuse, further compounding the initial injuries sustained in utero.

- **Mental Health Implications:** A child who is physically abused runs the risk of sustaining life-long physical, sensory or intellectual impairments. In addition, the mental health ramifications of sustaining such an injury are largely unresearched at this time, but are assumed to be significant.

- **Link between sexual abuse and mental illness:** A child who is sexually abused has significantly increased probability of subsequent mental health problems throughout the lifespan. Children and adolescents with mental health concerns are regularly targeted for additional physical and sexual abuse as well as institutionalization – (where sexual and physical abuse are rife), so once a child is sexually abused she – or he – is at risk of entering a continuing downward spiral of victimization and abuse.

VII.b.: Violence as a precursor to disability in the community: Violence against children at the community level also results in permanent disability. For example:

b.i.: Landmines: In communities where landmines are prevalent, children are more likely than adults to be permanently disabled by landmines and their injuries can be more severe;

b.ii.: Intentional maiming as acts of aggression: Warfare against civilian populations takes no more terrible form than in the intentional maiming of children. Chopping off of arms and legs, blinding or otherwise intentionally disabling children has been widely reported over the past decade.

b.iii.: Children permanently injured as combatants while serving as child soldiers

b.iv.: Disability as the result of crime, gang activity and other forms of community violence: In communities where crime, gangs and other forms of violence are rife, children and particularly adolescents are at risk of becoming disabled as a result of injuries sustained. Communities – and nations – in which guns are readily available are of particular concern.

Whether disabled due to violence within the family or violence within the community, *once disabled* the child who has already been a victim of violence, now becomes part of the population of disabled children all of whom are at increased risk of subsequent violence. Children disabled as a direct result of violence are thus doubly victimized. Furthermore – and importantly – as will be noted below, there has been almost no research undertaken on the psychological impact on children of becoming disabled through acts of violence. It is strongly suggested here that children who are initially disabled through violence and particularly those children who are victims of on-going violence and abuse thereafter may also have psychological concerns that will lower their ability to adjust and thrive throughout the lifespan.

Recommendations

The Thematic Group reiterates the point made at the outset of this study that violence against children as a global concern will not end until disabled children are included in all outreach and prevention measures. To this end, we present a series of 13 Recommendations for intervention and improvement in oversight, services and programs at the levels of government and civil society, as well as individual family and advocacy initiatives that can drive these components forward. It is important to underscore the fact that no single initiative either through government, civil society or advocacy can alone eliminate violence against disabled children – on-going collaborative efforts are needed if viable changes are to be made.

A. RECOMMENDATIONS AT THE COMMUNITY LEVEL

Recommendation I. Inclusion of disabled children in general as well as disability-specific violence prevention initiatives.

It is important to ensure inclusion of disabled children in violence prevention and intervention efforts on two levels:

a) **Inclusion in general programming:** Disabled Children must be included in all violence intervention efforts intended for the general population of children. In many cases, disabled children can be reached and served as members of the general population of children often at little or no additional expense, and such inclusion will allow more rapid and more efficient intervention to prevent violence

b) **Disability-specific interventions** - While we strongly support the inclusion of disabled children in all violence intervention outreach efforts designed to reach the general public, we also recognize that there will be instances in which disabled children and adolescents will benefit by being specifically targeted by outreach efforts. For example, children with intellectual disabilities often learn slowly and need a repetition of information, as well as a number of concrete examples presented in plain language; children who are deaf sign language users will benefit by discussion in sign language, which allows them to freely ask questions and discuss issues. Such targeting of at-risk groups is already common in health and development circles – for example, women and girl children are both included in general programming and also targeted by specific outreach efforts.

Recommendation 2: Fostering increased awareness of violence against disabled children within the international, bilateral and NGO communities.

Disabled children should be on every agenda –including those of UN agencies and multilateral, bilateral and NGO organizations. For that reason, training, awareness and consistent inclusion of disabled children should be a routine part of all programs and projects through the United Nations family of organizations and their affiliates. Training of UN leadership and staff is needed if we are to ensure that disability is consistently on the agenda. In much the same way as issues such as ‘the girl child’ has been brought to the fore, disability training must be fostered by UN leadership at this critical junction in time.

Recommendation 3: National governments, regional authorities and local municipalities must take leadership in ensuring that violence against disabled children does not take place.

This can be done through a number of mechanisms, including:

- **Legislation:** Where legislation does not exist to define, track and prosecute violence against disabled children, such legislation must be put into place.
- **Enforcement of existing laws and regulations regarding violence against children** - In many countries, laws are already on the books regarding violence against children. Unfortunately, such laws are often not enforced when it comes to violence against disabled children. It is imperative that disabled children receive full protection under existing law, both in the home and in the community as well in educational facilities and institutional settings.
- **Protection of disabled children should extend across ministries with social welfare, health, education and others, working cooperatively to provide oversight for and protection for disabled children at risk.** A Council on Disability with enough power and authority to assure that changes are made – (with part of the staffing being by individuals with disability themselves) is one mechanism that should be considered by governments to improve integrative and collaboration between the various agencies charged with the protection of children in general and the protection for and provision of services to disabled children in particular.
- **Tracking:** A system of tracking disabled children throughout the system should be put in place by government, to assure that disabled children are protected. In many countries, disabled children are not registered at birth – in some cases because their families do not want to call public attention to the child, in other cases because government officials believe that such children will die early and do not take the trouble to register them. Formal education is also rare for most disabled children, with the result being that they cannot be tracked through school records or reports. Lack of birth certificates, school records and other ‘social’ document impedes our ability to ensure services and support gets to these children and that there is oversight to ensure they do not become victims of violence and abuse.
- **Funding** – Governments are often the sole or most significant funder to programs, schools and institutions that serve disabled children. Where violence against such children is on-going, the ability to allocate and withhold funds may be a viable option to ensure that change will take place.
- **Public education.** Government can do more than simply create laws and track violence through various agencies. Governments, working in conjunction with civil society, families of disabled children and disability advocacy groups, can take the lead in advocating social change to ensure inclusion of individuals with disability throughout society. Through mass media campaigns, leadership by government officials at all levels and progressive legislation and funding that increases the inclusion of disabled children in schools and communities, governments have the ability to shape and redefine better and more inclusive attitudes towards disabled children – thus lessening the likelihood that they will become victims of violence or abuse.

- **Training of government officials.** Elected leaders and government officials charged with preventing violence against disabled children must understand the issues involved and the problems faced by this population. Yet government officials may know no more about disability than members of the general society and often will share the same misperceptions. For this reason, training of government officials and staff is fundamental to any effort that seeks to eliminate violence against the disabled child.

Recommendation 4. Civil society must be at the forefront of public campaigns to improve the lives of individuals with disability and foster inclusion as a major component in the campaign against violence towards disabled children:

While the role of international organizations and government agencies are crucial in addressing the epidemic of violence against disabled children (Recommendations 2 and 3), this cannot be done without a significant leadership role also being taken by organizations, community leaders and members of civil society.

Civil society must work with families of disabled children and disability advocacy groups to take a leading role in advocating change to ensure inclusion of individuals with disability throughout society. Through mass media campaigns, collaboration with government officials at all levels, advocacy for progressive legislation and funding that increases the inclusion of disabled children in schools and communities, civil society has the ability to shape and redefine better and more inclusive attitudes towards disabled children – thus lessening the likelihood that they will become victims of violence or abuse.

In this realm, civil society can play a particularly important role in addressing community attitudes and behaviors. Repeatedly, traditional stigma and prejudice towards individuals with disability is cited as a key factor that allows, and in some cases justifies, violence towards disabled children. Traditional stigma and prejudicial beliefs about disability must be addressed and changed in order to stop the violence. Groups throughout civil society –working in collaboration with parents’ organizations and disability advocacy groups must begin to address the underlying issue of prejudice if progress is to be made. Public information campaigns, advocacy and public discussion of the issue has already brought about significant improvements in attitudes towards disability in a number of countries. Use of the mass media have great potential to change attitudes towards disability (for example, the television series Sesame Street and South Africa’s ‘Soul City’) have raised awareness about disabled children. The specific issue of violence against disabled children – why it is unacceptable, how to recognize it, how to report it – can be specifically identified as a key area for such a public discourse.

Recommendation 5: People responsible for or working with disabled children must be made aware of the risk of violence.

There is a tremendous need to train people working with disabled children to identify and intervene when violence occurs. Governments can play a lead role in collaboration with civil society – including disability advocacy organizations – to provide training on disability in general, and violence against those with disability in particular, at local, regional and national levels. Where high schools, universities and technical colleges are government sponsored, the responsibility of training the work force that will provide services for disabled children rests even more heavily on government officials, who have the capability of ensuring that the issue of violence against disabled children is presented in the course of the professional education. Among the groups of professionals and professionals-in-training that can be reached are:

- support staff working with children in families
- Teachers, teachers aids, transportation staff and others working with children in schools, rehabilitation facilities, institutions and so forth;
- Administrative, medical and support staff at clinics, hospitals, rehabilitation facilities and institutions
- Members of the criminal justice system – police, lawyers and judges

Recommendation 6. There is a need for oversight of administrators, professionals, staff and volunteers and for workable, comprehensive reporting mechanisms.

Government should play a role in oversight of administrators, professionals, staff, volunteers and all others who work with disabled children. There should include:

- * Background checks of all individuals who work with disabled children and adolescents
- Establishment of functioning reporting mechanisms to ensure that any abuse is reported in a timely and confidential manner and all such reports are immediately followed up on.
- Enforcement – Equally as important, government has the responsibility to protect disabled children from violence through its role in establishing and enforcing professional standards and licensing requirements.

Recommendation 7. Violence against disabled children in institutionalized settings Warrants particular concern and the need for particular oversight.

While this Report has clearly delineated the threat of violence existing in many venues, the level and intensity of violence against disabled children within institutions warrants special mention. As governments usually hold either direct responsibility for the operation of institutions and/or provide all or some part of the funding for such institutions or hold the power to license such facilities, the final responsibility for adequate care of these children rests with government.

Government should take the lead in giving priority to and prioritizing funding for programs and community based services that support disabled children's right and ability to live with their families and to live in the community. Research has clearly established the fact that the quality of current and future life for disabled children is significantly improved when they are allowed to grow in supportive and inclusive community environments.

However, the Thematic Group also recognizes that full inclusion and community-based support mechanisms for disabled children do not currently exist in many countries and in the interim institutionalized care will continue to be common. Because of this, governments must take the lead in organizing oversight of institutions. Access to institutions for oversight and review is often limited, with few families, members of the broader community or workers from child health or welfare administrations reviewing practices and conditions on a regular basis. Access is often further restricted by administrators of these institutions, fearful of the exposure of human rights violations. Requests to review or visit institutions are often denied by officials arguing that institutionalized individuals deserve the right to privacy. While rights to privacy should be respected, no institution should be closed to boards of oversight, governmental committees, advocacy groups or parents of those children who are institutionalized.

Regular and systematic oversight of all existing schools and institutions that serve disabled children should be instituted and regular reports on the status of children in these institutions must be available to the public for discussion and debate. Boards and committees which bring together representatives from government, professional and civil society now provide oversight for many institutions. However, such oversight committees must also be broadened to include representatives of parent groups and disability advocacy groups. Not only should members of both these constituencies be part of any oversight boards, but mechanisms must exist to ensure that their comments and concerns are given attention and weight. (Too often, when included at all, these advocates are used as 'window dressing' not as serious and full participants. This is simply unacceptable).

- Such oversight should also routinely involve interviews with the children who live in these facilities and a mechanism should be in place internally to handle complaints and concerns about violence or potential violence or abuse.
- Any board of oversight or review must establish a mechanism to allow disabled children within the institution itself to regularly report to and to participate in decisions made on their behalf.
- **Guardianship** – Finally, the issue of 'guardianship' must be addressed. Legal mechanisms need to be created to end discriminatory guardianship laws and to

empower disabled children and families of disabled children to make their own decisions. Disability must not be the basis for denial of legal standing.

Recommendation 8: Oversight in non-residential schools, community programs and places of employment: Awareness of the potential for violence against disabled children must be carried into all community venues – schools, community programs and the workplace – wherever disabled children participate outside the home. Educators, professional and trade organizations, civic and religious leaders must establish guidelines within their own organizations that ensure that disabled children will not only be included, but will be free from harm when they are included. (Footnote B)

Recommendation 9: The expertise of Disability-led advocacy groups and parent organizations is invaluable; governments and agencies should establish mechanisms to routinely involve them in all programs and projects related to violence prevention:

Over the past decades, two important, interrelated global movements have evolved around disability advocacy: disabled-led advocacy organizations founded and run by adults with disability and organizations of parents on behalf of their disabled children and young adults. Both groups have amassed an enormous amount of expertise and established strong and effective networks at the local, national, regional and global levels. Both government and civil society seeking to end violence against disabled children would benefit enormously by establishing strong links with these groups.

Funding: It is also noted here that disability-led and parent advocacy groups are often drastically under funded – and requests for collaboration, guidance and oversight to help prevent violence against disabled children will further drain the scarce resources of many of these groups. Wherever possible, requests by UN agencies, government, NGOs and civil society for collaboration should be accompanied by some support to enable these non-profit organizations to take on the additional responsibilities.

Recommendation 10: The need for transparency in public oversight: All mechanisms established to ensure public oversight of programs, institutions and outreach efforts to diminish violence against disabled children, must be transparent, with UN agencies, government, NGOs, civil society, disability advocacy groups and the media able to review and provide input on all appointments, staffing and funding decisions.

At the same time, funders for all programs that include disabled children, whether through UN agencies, government agencies, NGOs or civil society, must take the responsibility to stay informed about the groups and intuitions for disabled children they choose to fund. Where there are documented instances of abuse or on-going patterns of violence and abuse against the children in their charge, funds should be withheld or withdrawn – both to stop the current situation and importantly, as an incentive to change practices within the institution under review.

B. RECOMMENDATIONS AT THE INDIVIDUAL LEVEL

Recommendation 11: Families of disabled children and disabled children themselves must be empowered to advocate on their own behalf.

An arena in which substantial change can be made is in the support and empowerment of families with disabled children and disabled children themselves. Such empowerment can be fostered by both government AND civil society – and in fact, works best when supported through a collaboration of government and civil society. In many societies, it is assumed that no one would hurt or abuse a disabled child. Parents, caretakers, educators and others who work with disabled children often overlook the need for giving such children information about personal safety, including sex education. Remaining uninformed does nothing to protect children from violence or abuse. Disabled children and adolescents must be taught about violence and abuse – including what risks they face, how they can protect themselves, and how they should report such behavior.

Recommendation 12: Families with disabled children must be included in all outreach efforts to end violence against children in the home, and such interventions must address the special needs of such families.

Intervention in violent households is always challenging and inclusion of parents of disabled children in general violence prevention and intervention efforts is imperative. Additionally, there are several ways in which government and civil society can work with parents to protect disabled children from violence. For example:

The need for respite care and support services: Frequently, stigma towards disability means that extended family, friends and neighbors rarely or never offer to assist families of disabled children with child care. (Some parents of disabled children report not having had a few hours away from their child in years). The stress on parents – even good parents – can be immense. Support mechanisms that allow parents to take a short or longer break from child care – either organized through civil society – (the community, a religious body, an NGO or through a state agency) – could go far to ensuring that violence against disabled children does not start or continue. It would also provide some families with an alternative to institutionalization for their disabled child.

The need for intervention programs and facilities to be disability accessible: Domestic Violence Shelters and other programs that offer help to victims of domestic violence are often inaccessible to individuals with disability, lacking ramps, sign language interpreters or refusing to allow those with mental illness to use the facilities. For parents with a disabled child, or for a disabled adolescent in a violent household, the lack of accessibility means that no alternative exists should they choose to flee from a violent situation.

The need to provide better understanding about disabled child development for parents and families:

Parents of disabled children often receive little guidance or encouragement. Basic information on disability and child development would be helpful for many to establish realistic expectations of their child's abilities and limitations.

Parental Awareness: Many parents of disabled children are unaware that their children may be at risk for violence in the school and the community. They need information on how and when their child may be at risk for violence, how they can intervene and how they can best advocate on their child's behalf. In both cases, knowledge and empowerment can be fostered through many avenues, but certainly closer alliances with disability advocacy groups, and disabled parent organizations, is an important place to start.

Recommendation 13: More research must be undertaken to allow better understanding of patterns of violence towards disabled children and improved knowledge of what constituted effective interventions for this violence.

To address a significant social and human rights issue such as violence against disabled children, accurate information is needed. Policy makers and advocates need to know how many individuals are affected, what the pattern and nature of violence towards these children might be and what the short- and long-term consequences of such violence are. Currently, there are only a handful of studies with useable data on violence against disabled children. Information on the epidemiological, medical and psychological consequences of violence against these children is needed.

- Government and civil society does little to track violence against disabled children. As noted in the preceding section, in many countries, disabled children are not included in existing population data bases. Birth certificates, school records and other 'social' document are lacking and this impedes our ability provide services and oversight to ensure these children do not become victims of violence and abuse.
- Research for this population should be undertaken both as part of general studies on violence against children *and* through targeted studies on violence against disabled children. Researchers need to better understand what patterns of violence exist for children with disabilities in general and for children with specific disabilities in particular.
- Research is needed not only to identify where violence occurs but also how disabled children are best able to live and thrive in safety, as well as to identify what policies, programs and practices most help these children, their families and their communities.

Conclusion

This Thematic Group Report has concentrated on disabled children with the intention of underscoring the severe risk they face through physical violence and sexual, emotional and verbal abuse. While all children are at risk, disabled children are at significantly increased risk. The potential of governments, civil society, concerned families and dedicated advocates to intervene is great – but the level of denial that is often greater still. Those charged with the protection of children must be aware and responsive to this crisis in child health - ignoring or minimizing the problem is no longer acceptable. Sadly in a world where the disabled child rarely is treated the same as the non-disabled child, one of the few arenas in which they find themselves on equal footing is as victims of violence. The forthcoming Secretary General's Report on Violence against Children offers a unique opportunity to ensure that these millions of disabled children and adolescents are no longer overlooked.

Footnotes:

A: Most common/Most severe/ Most overlooked The Thematic Group Meeting was asked specifically to answer the questions:

- 1) What is the most common form of violence against disabled children;**
- 2) What is the severe form of violence; and**
- 3) What is the most underreported.**

In the following report, a number of different issues linked to violence against disabled children will be explored in depth, however, the Thematic Group responded to the above questions as follows:

- 1) Most common:** physical violence, including bullying and beating of disabled children in the home, school and workplace;
- 2) Most severe** - In terms of actual harm, ‘homicide’ in the form of ‘infanticide’ and ‘mercy killings’; in terms of what group overall suffers most, in the opinion of the Thematic Group, children with intellectual impairments are most ‘at risk’ over the course of a lifetime;
- 3) In terms of ‘most underreported’** - We find that sexual abuse of children with all types of disability – both males and females – is extremely common cross-culturally, rarely reported and even more rarely prosecuted.

4) Feedback loop of sexual abuse/institutionalization/ continuing abuse of particular concern. To the above list of key concerns, the Thematic Group would like to add another. As noted in the text, violence against children in their early years, particularly sexual abuse, can lead to mental health problems that then further stigmatize and marginalize these children. An on-going feedback loop of sexual abuse/ mental health problems/ institutionalization or stigmatization within the community/ subsequent sexual abuse within the institutional setting or in the community - is found in country after country. This feedback loop of victimization must be seriously addressed as both a cause and consequence of mental illness.

B: Well intentioned efforts verses effective efforts – An important note of caution was raised by members of the Thematic Group. Providing outreach to and services for disabled children requires knowledge, resources and awareness of potential pitfalls – including the possibility of violence and abuse by staff and volunteers in programs that are under-funded, under-staffed and over-extended. Many civic groups, religious congregations and small-scale non-profit organizations successfully and effectively provide services and programs for disabled children. However, well-intended efforts without sufficient resources or awareness of risk can place disabled children in facilities where physical violence and sexual abuse are common and oversight is non-existent.

Bibliography

- 1) American Academy of Pediatrics. 2001. Assessment of Maltreatment of Children with Disabilities. *Pediatrics*, 108:2:508-52.
- 2) Valenti-Hein D., Schwartz L. 1995. *The Sexual Abuse of Those with Developmental Disabilities*. Santa Barbara, CA.: James Stanfeld Co.
- 3) Kvam M. 2000. Is Sexual Abuse of Children with Disabilities Disclosed?: A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian hospitals. *Child Abuse & Neglect*, 24:8:1073-1084.
- 4) One in Ten. 2003. *Violence and Children with Disabilities*. Vol. 24, 1: 2-19. New York: Rehabilitation International/ UNICEF. http://www.rehab-international.org/publications/10_24.htm
- 5) UNICEF. 1999. *Global Survey of Adolescents with Disability: An overview of young people living with disabilities: their needs and their rights*. New York: UNICEF Inter-Divisional Working Group on Young People, Programme Division.
- 6) Helander E. 1999. *Prejudice and Dignity: An introduction to community-based rehabilitation*. New York: UNDP. Second edition.
- 7) Helander E. 2004. *The World of the Defenseless: A Global Overview of the health of maltreated children, effects of interventions, human rights issues and development strategies*.
- 8) Sobsey D. , Doe T. 1991. Patterns of Sexual Abuse and Assault. *Journal of Sexuality and Disability*. 9:3:243-259.
- 9) Human Rights Watch. 2001. *Easy Targets: Violence against Children Worldwide*. New York: Human Rights Watch.
- 10) Human Rights Watch. *Ibid*.
- 11) Hunt P. 2005. *Mission to Romania: Addendum*. UN Commission on Human Right. Economic, Social and Cultural Rights. Sixty-First Session. E/CN.4/2005/51/Add.4 February 21, 2005.
- 12) UNICEF *ibid*.
- 13) Groce N., Trasi R. 2004. Rape of Individuals with Disability: AIDS and the folk belief of 'virgin cleansing.' *The Lancet*, 363:1663-1664.
- 14) Ahern L., Rosenthal E. *Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centers of Turkey*. 2005. Washington: Mental Disability Rights International.
- 15) Wonacott P. 2004. *QuanQian's Tale: In Beggars' Village, Disabled Girl Fell Into Con Man's Net*. *Wall Street Journal*. New York, New York. Dec. 7. Easter edition: A.1.
- 16) Sobsey D. 2003. *Violence & Disabled Children*. *One-In-Ten*. New York: Rehabilitation International. Vol. 24 2-4. http://www.rehab-international.org/publicaitons_10_24.htm
- 17) Rosenthal E., Szeli E.. 2003. *Not on the Agenda: Human Rights of People with Mental Disabilities in Kosovo*. Washington, DC: Mental Disability Rights International.
- 18) Sobsey D. 1994. *Violence and Abuse in the Lives of People with Disabilities: The end of silent acceptance?* Baltimore: Paul H. Brookes.

Appendix A: Participants, Thematic Group Meeting, UN Secretariat, New York, July 28, 2005.

Widney Brown LLD, Senior Project Officer, Human Rights Watch, New York

G. Balagopal, PhD Senior Project Officer, UNICEF, New York,

Mary Chamie, PhD UN Secretariat, New York

Nora Ellen Groce, PhD, Associate Professor, Yale University, Connecticut, USA

Thomas Lagerwall, PhD Secretary General, Rehabilitation International, New York

Garren Lumpkin, PhD Regional Advisor on Education, The Americas and the Caribbean Regional Office, Panama – UNICEF.

Charlotte V. McClain-Nhlapo, LLD, Consultant, East Asia Pacific Region, The World Bank, Washington

Hon. James Mwandha, MP, People with Disability Eastern Uganda Constituency, Parliament of Uganda

Corrie Paeglow, MPH. Yale University, Connecticut, USA.

Georgiana Elena Pascu, Program Manager, Center for Legal Resources, Bucharest, Romania

Eric Rosenthal, LLD., Executive Director, Mental Disability Rights International, Washington, DC.

Penelope Price, PhD Chair, Education Commission, Rehabilitation International, Australia

Pamela Shiftman, PhD. UNICEF Headquarters, New York

Appendix B: Consultation and Review of Report

Einsr Helander, MD., PhD. Director, Institute for International Rehabilitation Management, Lisbon, Portugal

Judith Heumann, Hon., MPH. Director, Disability and Development Unit, World Bank, Washington, DC

Lawrence C. Kaplan, MD. Director, Division of Genetics and Child Development, Dartmouth-Hitchcock Medical Center, Dartmouth University, Hanover, New Hampshire, USA

Federico Montero, MD, Director, Office of Disability and Rehabilitation, World Health Organization. Geneva, Switzerland.

Dick Sobsey, PhD - Director, JP Das Developmental Disabilities Centre, University of Alberta, Canada

Reshma Trasi, MD, MPH – Research Associate, Center for Interdisciplinary Research on AIDS, Yale University, Connecticut

Aisha Yousafzai, PhD - Research Fellow, Centre for International Child Health, Institute of Child Health, University College London, UK

Alexandra Yuster, MPH, Senior Adviser, Child, Protection, UNICEF, New York