

VIOLENCE AND ABUSE TOWARDS PERSONS WITH DISABILITIES

International Workshop Report





April 2013

The International Workshop on “Going Beyond the Taboo Areas in CBR” was organized by AIFO/Italy with support from the Disability and Rehabilitation Team of the World Health Organization (WHO/DAR), Disabled Peoples’ International Asia-Pacific (DPI/AP), International Disability and Development Consortium (IDDC), Mobility India and Global CBR Network.

The workshop focused on two separate themes - the first day (29 November 2012) was devoted to issues related to social relationships, sexuality and reproductive rights; the second day (30 November 2012) concentrated on issues linked to violence and abuse. This second part of the report focuses on the issues of violence and abuse towards persons with disabilities.

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Going Beyond the Taboo Areas in CBR

Workshop Report, Part 2

**Violence and Abuse Towards
Persons with Disabilities**

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ACRONYMS

AIFO	Italian Association Amici di Raoul Follereau
CBR	Community-based rehabilitation
CBRW	Community-based rehabilitation worker
CRPD	Convention on Rights of Persons with Disabilities
DPI/AP	Disabled Peoples' International Asia-Pacific
DPO	Disabled peoples' organization
IDDC	International Disability and Development Consortium
NGO	Non-Governmental Organization
SHG	Self-help group
WHO/DAR	Disability and Rehabilitation Team, World Health Organization
WHO/VIP	Violence and Injury Prevention Team, World Health Organization

SUMMARY

An international workshop on “Going Beyond the Taboo Areas in CBR” was held after the “First World CBR Congress” in Agra (India). On the 30 November, the second day of this workshop, about 90 participants from 25 countries took part in the sessions dealing with “Violence and Abuse towards Persons with Disabilities”. The workshop included formal presentations, personal testimonies, film clips, sharing of experiences and discussions around the workshop theme.

Limited information on violence and abuse in context of CBR programmes

Workshop participants acknowledged that most existing information about vulnerabilities of persons to violence and abuse and prevention strategies relates to persons without disabilities. Information about violence and abuse towards persons with disabilities is mostly about persons living in institutions in high-income countries. Information on this subject in the context of CBR programmes is extremely limited.

Vulnerability to violence and abuse

Children, women and elderly persons with disabilities are more vulnerable to violence and abuse. Specific groups of persons with disabilities such as deaf persons, persons with intellectual disabilities, persons with mental illness and those who are dependent upon others are also more vulnerable. Negative beliefs and social attitudes are among the biggest barriers in dealing with these issues.

Discussions on perpetrators of violence and abuse focused mainly on the roles of families and friends, especially men. A few examples also touched on violence and abuse perpetrated by persons with disabilities on other persons with disabilities.

Dealing with violence and abuse issues in CBR programmes

Different participants cited a lack of attention to this issue in CBR related training materials and courses. There were some examples of how CBR programmes can play an effective role in identifying and preventing violence and abuse towards persons with disabilities, as well as in supporting persons who have been through these traumatic experiences. Much more needs to be done in CBR programmes.

Recommendations from the workshop

The workshop recommendations touched on five key areas - four areas related to activities of CBR programmes and one area targeted at regional and international CBR networks and bodies. The four areas touching on activities of CBR programmes were the following:

- Preparing a written document about the policy of the CBR programme towards the issues of violence and abuse
- Undertaking specific activities including field research to improve CBR programmes’ understanding of different issues related to violence and abuse, such as the extent of the problem in the communities, which groups of persons are more affected and what factors determine their vulnerability
- Initiating specific activities in the CBR programmes, in collaboration with self-help groups and DPOs, for promoting empowerment and preventing violence and abuse
- Networking with other mainstream organizations in the areas of violence and abuse.



The activity targeted at regional and international CBR networks and bodies is

- Developing training material and courses appropriate for the CBR context and accessible to different groups of persons with disabilities.

The discussions about violence and abuse including sexual abuse towards persons with disabilities raised many challenging questions and provoked intense debates during the workshop. Participants felt that violence and abuse issues touch on the denial of fundamental human rights of people and require greater attention from CBR programmes. References were made to Article 10 – “*Right to life*”, Article 14 – “*Liberty and security of person*”, Article 15 – “*Freedom from torture or cruel, inhuman or degrading treatment or punishment*” and especially to Article 16 – “*Freedom from exploitation, violence and abuse*” of the United Nations CRPD.

INTRODUCTION

There are some areas of our lives that are considered personal and intimate. It is not easy to talk about those areas. Usually they are considered taboo subjects in the family and in society. Violence and abuse, including sexual abuse, towards persons with disabilities are among these taboos.

How do violence and abuse affect different groups of persons with disabilities? How do they affect men and women? How do they affect children, adults and elderly persons? How can community-based rehabilitation (CBR) programmes prevent violence and abuse towards persons with disabilities? How can CBR programmes help and support the persons with disabilities who have experienced violence and abuse in their lives? These were some of the questions for this part of the workshop.

General information about the workshop and participants

An international workshop on “Going Beyond the Taboo Areas in CBR” was held after the “First World CBR Congress” in Agra (India) in November 2012. On 30 November, the second day of this workshop, about 90 participants from 25 countries took part in the sessions dealing with “Violence and Abuse towards Persons with Disabilities”.

The participants included persons with disabilities and their family members, DPO representatives, national and sub-national level CBR managers and staff, national and international NGO representatives, health professionals and teachers. Annex 3 provides the full list of workshop participants. The workshop included formal presentations, personal testimonies, film clips, sharing of experiences and discussions from the field around the workshop theme.

This report presents the key ideas and discussions that emerged, for the programme see Annex 1. Given the nature of the workshop, all participants were asked to ensure an environment of confidentiality, respect and sensitivity. This report follows the same principles and does not mention names of specific persons. Consequently in the following pages indented paragraphs report statements made at the workshop anonymously and without a full explanation of the context.

Apart from the report a webpage has been created where presentations made during the workshop and some resource material on the themes of violence and abuse towards persons with disabilities are available. This webpage can be accessed at the following link: http://www.aifo.it/english/disability/documents/cbr_violenza/index.htm

This report presents an analysis and an overview of the main issues in relation to violence and abuse, including sexual abuse, that emerged in the different presentations and discussions during the workshop. It does not report individual presentations that can be accessed at the webpage indicated above.

Existing information

A review of different studies on the prevalence of violence and abuse towards persons with disabilities published in The Lancet in February 2012 concluded, “*Adults with disabilities are at a higher risk of violence than are non-disabled adults, and those with mental illnesses could be particularly vulnerable. However, available studies have methodological weaknesses and gaps exist in the types of disability and violence they*

address. Robust studies are absent for most regions of the world, particularly low-income and middle-income countries.”

Most information about the prevalence of violence and abuse towards persons with disabilities comes from high-income countries. Specific information linked to persons with disabilities is related almost exclusively to persons in day-care and residential centres and other institutions.

While systematic information about violence and abuse towards persons with disabilities from CBR programmes in less developed countries is limited, workshop participants agreed that these practices are prevalent. Some of their remarks are reported here.

Appropriate new data is needed.

So much about abuse and violence towards persons with disabilities is not known, especially in developing countries and in rural areas. We don't know what role is or can be played by CBR programmes in preventing and in dealing with abuse and violence towards persons with disabilities. There is limited published evidence on what works and how.

Sometimes we know about some of the issues and what can be done to prevent them and to deal with them. For example, sometimes we know where violence and abuse occur, who it happens to, and even why it happens. In the UK it happens on Friday and Saturday. Men get paid at the end of the week; they drink and then fight and at home beat wives. It means we can understand the triggers and prevent them. However, specific information on risks faced by persons with disabilities is missing or limited.

Data from different countries suggest that among women with intellectual disabilities up to 38% to 69% are raped before they are 18 years old, while a vast majority is abused or beaten in the home.

In most life-stories collected by a group of persons with disabilities in a research, episodes of abuse and violence were common in different situations: at home, in schools, in communities.

VIOLENCE, ABUSE AND SEXUAL ABUSE

Violence towards individuals includes child maltreatment, intimate partner violence, sexual violence, youth violence and elder abuse. The violence can be physical, sexual, psychological and deprivation or neglect.

The following definitions are taken from the WHO/VIP (see Annex 2) short courses on “Child Maltreatment Prevention” and “Preventing Intimate Partner and Sexual Violence Against Women”.

Child maltreatment

“All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust, or power.”

Intimate partner violence

“ - behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.”

Sexual violence

“ - any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work.”

How do these definitions fit in with life-experiences of persons with disabilities? How do CBR programmes define abuse and violence? What are the different kinds of abuse and violence that affect persons with disabilities? The participants did not discuss these questions systematically, however during discussions there were some examples of how violence and abuse affect the lives of persons with disabilities.

When we go out people stare at us, laugh at us and take our pictures. That is also a kind of violence; it is beginning of a continuum of violence.

They say that children with spina bifida have no right to be born and advocate for right to euthanasia by senior doctors. After a spinal cord injury, the person who was earlier working and earning, is suddenly seen as useless, as unworthy of living. This is also violence.

Possibility of a rape is high, but in our communities the survivors are blamed and not the rapist.

Forcing an adolescent girl to get married to an old man, only because she has a disability, is also a kind of violence.

His friends teased him, they said that we have found a girl who loves you, would you like to get married? Then they pointed to a female dog, saying she will be nice wife for you and started laughing.



Using physical objects during sexual violence can also lead to vaginal fistula. Then the person cannot control her bowel movements and her body has bad smell, so she is ostracized. She needs an operation for which a lot of money is needed.

Violence also leads to disability.

During the workshop there were examples of a wide range of behaviour that constitute “violence and abuse”, varying from taunting and making fun to actual physical or sexual violence.

WHO DOES IT AFFECT, WHO IS MORE VULNERABLE?

Participants agreed that gender and age are two criteria for vulnerability to violence and abuse. Thus women, children and elderly persons are more vulnerable to violence and abuse. Among persons with disabilities, what are the additional criteria that determine vulnerability to violence and abuse? For example, which groups of persons with disabilities are more vulnerable?

This issue came up repeatedly during the workshop discussions as can be seen from the following interventions.

Research from United States has shown that persons with disabilities are more vulnerable to violence and abuse.

Often it is children and persons with communication barriers, who are more vulnerable to violence and abuse. Women form a disproportionate number of victims.

People with communication barriers can't give testimonies of what happened, so they are more vulnerable.

Children with disabilities are 3 times more likely to be victims of violence compared to the children without disabilities in our community. In our survey, 50% of persons with disabilities said that they had at least one episode of violence in previous 12 months.

Children with disabilities are sometimes left to die. They may be left with their grandparents, who cannot look after them properly. When they are sick, they are not treated. Sometimes, they are deliberately killed.

We looked at violence against children with disabilities. These children are vulnerable because they cannot run away, and cannot reveal who did it. Most important cause is due to attitudes. People often think that disability is the main cause of vulnerability while actually the attitudes towards disability affect the vulnerability of children with disabilities even more.

Elderly persons, women and children are more at risk.

In our survey, around two thirds of persons agreed that women with disabilities and children with disabilities are more vulnerable to abuse. Group discussions brought out that 15% of the families of persons with mental health conditions had experienced sexual violence.

In our communities, there is less social isolation of persons with leprosy compared to persons with mental illness and epilepsy.

Our survey showed that prevalence of sexual violence was highest among women with intellectual disabilities (78%) followed by women with mental illness (75%). Deaf women were also very vulnerable while women with physical disabilities were the least vulnerable.

Majority of victims are young deaf girls and then women with intellectual difficulties. We did a survey in a temporary shelter created for women with

disabilities and found that 3 had suffered sexual abuse, 12 were affected by physical abuse, and 19 persons affected by psychological abuse.

Getting justice for deaf girls who were victims of sexual abuse is difficult. Lawyers and others cannot communicate because they don't know sign language. The court does not provide support for sign language translation. So the complaints of these girls are ignored by police and court as they are unable to provide the evidence of the abuse.

Those CBR programmes that collaborate with institutions make sure measures are in place to monitor that violence and abuse do not happen. Some people who have a psychological tendency towards bullying and violence are attracted to work in the institutions.

In institutions there is more violence. Laws permit institutions housing women with intellectual disabilities to sterilize those women with the consent of their families.

People who are in a situation of dependency are more vulnerable.

Among persons with disabilities, sometimes even men are also victims. Usually when persons talk of violence and abuse, they talk only of women and children. They don't think that boys and men with disabilities are also vulnerable. Many countries have shelter-homes, where women who have been victims of violence can go and stay, but there are no such shelter-homes for men with disabilities.

Thus apart from gender and age, the discussions brought out many other factors, in the context of CBR programmes, that influence the vulnerability of persons with disabilities to violence and abuse.

Negative beliefs and specific cultural contexts

What is the role played by negative attitudes and beliefs, linked to specific cultural and social contexts, in promoting violence and abuse towards persons with disabilities? There were some discussions during the workshop sessions around these issues, especially in relation to women with disabilities.

In some parts of the world, violence against women with disabilities is considered appropriate behaviour.

Our society's message is - because you are a woman with disabilities you should try to hide, you should not feel any sexual desire, you cannot feel any pleasure and you cannot contribute to the society.

Women with disabilities are perceived as pure beings who should not think of marriage or of sex. They tell you to sit under a tree, read the holy book and pray.

When women start talking about their rights, communities get upset. They tell the NGOs not to enter their area, that they do not want any programme.

In families, issues about marriage, gender violence, sexuality, are all hidden. For women with disabilities such taboos are stronger. Families are afraid that they will ask to get married.



They tell women with disabilities to think of education and a job and not think of personal feelings, experiences, etc.

Sometimes there is news about children being victims of rituals linked to superstitions, especially children with disabilities.

PERPETRATORS

Understanding violence and abuse towards persons with disabilities requires an understanding of where it takes place and who perpetrates it.

Many workshop participants spoke about violence and abuse at home, where family members and family friends are among the perpetrators, as can be seen from the following interventions.

A 14 year old girl with moderate intellectual disability was part of the programme. As she started growing up she developed interest in boys. When our team visited, she was more attentive towards the men in our team. After a few months, we found that she had been abused by a friend of her father, who lived nearby. He was coming to their home frequently and the family had no suspicion, so often he could be alone with the girl.

Her brother and her sister-in-law were beating her. They did not want to share family property with her.

When I was in ... (where my parents live) it was not good. When a visitor came to our house, my parents told me to go into the other room, because they were ashamed of me.

Poverty can also lead to violence but there are other factors. Children of poor families are out in the street, you cannot hide them. Children of richer and middle class are more affected by overprotection or shame, and are kept in isolation, away from community.

In our study, 62% of perpetrators of sexual and gender based violence knew the victims. The rate of sexual violence perpetrated by intimate partners is higher than for non-intimate partners.

Sometimes, persons with disabilities themselves can be perpetrators of violence. There is a guy with disabilities in our project. His first wife left him so he decided to marry a girl with disabilities. They now have 3 children. However, he frequently beats his wife.

Women are often the victims of violence but sometimes, they also abuse. Such as persons with intellectual disabilities at home who are abused by women members of the household.

We have to recognize that sometimes we, as persons with disabilities, also abuse other people's rights. My cousin, who is blind, is violent with his wife, who is pregnant. Family asked me to intervene. I think that he should be arrested but police says that because he is blind, they cannot arrest him. He continues to be violent. It is a very difficult issue in our family.

While most examples of episodes of violence and abuse towards persons with disabilities involved family members or friends, there were a few examples of violence and abuse perpetuated by other persons in the community and in institutions.

Negative attitudes of the health care professionals can also result in abuse. There is one lady who has a disability in both her legs and she was pregnant and went to

health centre. The doctor told her, “This men if he slept with you, he can sleep with a dead body also! How can a person sleep with you?”

Sometimes, there are cases of abuse within DPO though they are supposed to be places of rescue and support for people. Top management of DPOs can wield lot of power over people and can take advantage of their power by abusing the persons.

Gender issues need to be addressed in DPOs. When young girls with disability come to participate in DPOs, they suddenly get lot of attention from the men in the DPO.

There is a gender dimension and also a cultural dimension. We asked a group of persons if it was ok to be touched on your bottom by your boss. The boys answered yes, it is ok and they thought that the girls like it. They said that if boss touches the bottom of a girl, she can become the girl-friend of the director.

STRATEGIES, EXPERIENCES AND EXAMPLES

Participants discussed their experiences when tackling the problems of violence and abuse in CBR settings. These experiences and the related strategies could be sub-divided into the following areas:

Related to creating awareness, conducting training and capacity building of different stakeholders.

We did a training module on defining and recognizing abuse, dealing with abuse, and seeking redressal through national laws. In this process we realized that other women in the community were also victims of abuse, and they also had no way to articulate it. Thus women without disabilities also benefitted from our training.

All CBR programmes need to do training on issues of violence and abuse.

CBR workers often have little education, their work is hard with a lot of travel, they get little support for their work and so it is difficult for them to work on difficult issues like sexual violence.

The national centre to protect the rights of the women with disabilities organized training course for young deaf girls on issues related to violence and abuse.

Sometimes, DPOs also do not discuss the concerns of women members. We need to conduct training on gender equality for DPOs. Peer counselling is important.

Persons with disabilities are human beings and not angels. Sometimes, there are vicious circles, they receive violence and they also perpetuate it. So ensure that in the DPO these can be discussed. No one should feel like a superstar who cannot be touched. At community level make circles for sharing and not power centres.

Related to defining policies.

CBR programmes should have a written policy document about abuse and violence. These documents should deal with procedures and practices to be followed not only within the organization but also in the CBR activities.

We need political commitment – people need to say clearly it is unacceptable to chain people or to beat them. We need leadership and grassroots activities.

CBR workers know about the violence in the families and in the communities, but most CBR programmes do not have a clear policy about sexual violence. CBR workers do not know to whom they can speak.

Related to penal and legal systems.

The justice system and the police usually do not know anything about persons with disabilities and issues of abuse and violence towards them. Carmen Pardo Valcarce foundation in Spain works on this issue.

A 9 year girl was raped by a man. The girl's family was very poor and they had very low confidence to fight for justice. A CBR worker helped them to take action against that man. Initially, neighbours blamed the child, however the CBR worker did not give up. Finally the man was imprisoned for a month and girl received compensation.

In collaboration with National Commission of Human Rights, the Blind Federation published the related civil and criminal laws in Braille, in order to give information to the blind persons.

There is a process of change. Until 50 years ago, women were beaten at home and it was considered normal, but today there are laws, services and strategies to deal with it. Processes sometimes take a long time and new visions are developed over a period of time. It is essential to empower people. No laws can protect if people are not empowered.

Public punishment, public shaming and a clear stand taken by community leaders help in prevention of violence and abuse.

Related to networking.

CBR programmes have to link with mainstream organizations that are already working with children and women victims of violence and sexual abuse. They need to learn about the relevant national laws and about existing support services for victims of violence and sexual violence.

Specific CBR activities at community level

Many experiences shared during the workshop sessions were related to activities of CBR programmes involving persons with disabilities, families, DPOs and other stakeholders at community level.

For solutions to be acceptable and yet do justice to aggrieved parties, all stakeholders need to be consulted. Solutions have to be found within the community with the help of the key persons. Only when justice cannot be done at the community level should the matter be taken to extra-community agencies. CBR team can propose different options and offer contacts but final decisions have to be taken by the concerned people themselves.

When the family understood that the girl had been abused by a family friend, they said that they did not want to make a complaint to the police or the information to be made public. If the information had become public, it would have created difficulties for her sisters to get married. However, they told that family friend to stop coming to their house. Thus, CBR programme has to work with the family and to respect their wishes.

This man was violent with his wife. CBR team intervened first with his family and then with local village council (*Panchayat*) to resolve the issue. After that, CBR team still keeps contact with their family to ensure that there was no repeat of the violence.

Persons with intellectual disabilities can learn about sexual abuse. We can teach people about “good touching” and “bad touching”. We need to try implementing different strategies and see if they work. Sometimes children with disabilities are very hard to support, when the abuser is in the family, because there are no alternative structures that can take care of the child. Only when we have evaluated a strategy, and we know that it works, it can be shared with others.

Identify and organize the persons with disabilities to form groups and their own organization. This helps in fighting against abuse and violence. Provide legal

awareness training to CBR workers, DPOs and self-help groups. Children's groups can be made aware of issues like child marriage and discrimination against persons with disabilities.

Income generating activities should be initiated, these help persons to develop more self-confidence and to fight for their rights. They need to be prepared to act against violence.

CBR programme has to take responsibility for raising the issue at village level, so local communities take action against perpetrators. This is a strong deterrent.

The research on children with disabilities who were victims of sexual violence showed that children expressed what had happened to them, what they felt about it. They said that lack of attention from justice system and family made them feel angry. It also showed that parents were afraid of shame in the community, they worried about issues like - what will others think of us, what will our neighbours do? However, when they were able to discuss what had happened to their children, they found that neighbours and communities were supportive, so later on parents felt relief.

CBR workers visit homes of persons with disabilities and this helps to reduce violence and abuse in the family. CBRWs talk to families and they understand that there is no need to be ashamed of their child's disability.

In Nepal and Serbia, there are experiences of using child-to-child approach using illustrations and picture albums as a way to deal with violence and sexual abuse on children.

DPOs have a role in this, in protecting persons from violence and abuse and in protecting children from sexual abuse. CBR programmes need to involve the DPOs in this from the beginning.

When persons with disabilities have low self-esteem, they feel weak and powerless and they may feel that what people do to them is justified. Low self-confidence facilitates violence.

Self-confidence makes you sexy, it also leads you to stop violence. Because you are confident, it does not mean that you will not be raped, but building people's confidence is important.

Empowerment of people, so that they start challenging others who want to dominate them, can also provoke violence. Self-advocacy, sharing with others in self-help groups and peer counselling on this issue are much more effective than attending theoretical training courses. Speaking with peers and friends is easier than talking to professionals.

Volunteers secretly filmed abuse of children with intellectual disabilities. They used very simple technology. They were able to raise the issue and create awareness, so authorities were forced to take measures.

If CBR programmes want their CBR workers to deal with issues of violence and abuse in the communities, they may need to provide specific support to their workers.

When I was doing the research on sexual violence on children with disabilities, I was sad and I cried often. I had depressed feelings. I felt angry, and I needed to talk to others about my personal emotions. So if CBR workers have to work on such issues, CBR programmes also need to organize some ways to support them emotionally, to talk about such issues, to help them to deal with their difficult emotions.

It was traumatic for CBR workers to collect stories about violence and abuse. We created a Google group for them to share their stories and to discuss different issues between them. It was a peer group to share stories of successes and challenges. It became their space to share emotions and support each other.

Thus, the participants felt that action is needed, along different lines, to prevent violence and abuse towards persons with disabilities and to support the victims. CBR programmes, together with DPOs and other stakeholders can all play an important role in this process.

Challenges for CBR programmes

Finally, it must be recognized that CBR programmes may not be able to find solutions to all the problems. During the workshop, there were many discussions on challenging issues in the communities for which CBR programmes are unable to find solutions. Sometimes problems are too big, sometimes the solutions are not easy. Some such challenges raised during the discussions included the following.

In juvenile prison, a young man was raped and he had rectum injuries. He was raped by other under-age children. What can be done with those children who did it?

Orphan children with disabilities are in institutions but they are not adopted, adoptive parents do not want a child with a disability.

Changing people's attitudes is so difficult. We had a woman with disability who was beaten up by her husband. We took her to the police to lodge a complaint. But policemen laughed, one of them said, "your husband should do a better job and kill you the next time". Violence is bad enough but people's attitudes are worse.

People who have the trauma of sexual abuse and violence need psychological support. In our area there is no psychologist or psychiatrist and our CBR staff does not know how to deal with it. How can we support them?

DEBATE ABOUT INSTITUTIONS

The workshop sessions focused on the issues of violence and abuse from the point of view of CBR programmes and not on institutions. However, issues related to institutions came up many times during the workshop with some rather animated debates about the specific challenges they posed.

Some persons felt that in institutions there is always a high risk of violence and abuse towards people who live there, and thus proposed that all residential institutions and special institutions should be closed and all support should be through community-based or more open structures. Others felt that violence and abuse happen even in families and communities, and thus closing institutions is not a guarantee of prevention.

Some participants felt that institutions are needed and communities are unable to provide the support required in certain situations. Rather, an active engagement with institutions is needed, with visits from external persons and active interaction with the staff, to reduce the possibilities of abuse.

Issues raised during this discussion included the following.

We found that there were episodes of abuse and violence in a day-care centre. The situation in residential centres is worse.

A girl came to the summer camp organized by our DPO. She was controlled by her mother and was not allowed to take any decisions. But she cannot live by herself. So the only alternative for her is to go and live in an institution. She has to decide if she prefers to stay with her mother or wants to live in the institution. So we cannot say “close all institutions”, it also depends upon the context.

I started to work inside an institution and only later did I convert to CBR. However, I think that asking for total closure of institutions is not correct. We need CBR to act as a watchdog and maintain relationship with institutions. Sometimes, institutions are needed. It is important to look for a way of monitoring.

CBR programme needs to link with institutions. One way is to make the institution become a community centre, so that its services are not confined only to people who live inside, but it becomes a resource centre for the whole community.

There is a place for institutions as a respite home. Sometimes it is useful for the child to go away, get out of the family home, for a while.

If individuals are vulnerable, they may need institutions. We were working in a post-conflict area. After a mass displacement of 700,000 persons who were struggling as internal refugees, we were forced to place some of them in institutions. But we also needed CBR in those communities.

FINAL RECOMMENDATIONS

The final session of the workshop asked participants to divide into small groups of 4-5 persons and to:

- Reflect on all the presentations and discussions over the two days on both the themes – “Social Relationships, Sexuality and Reproductive Rights” and “Violence and Abuse towards Persons with Disabilities”
- Formulate recommendations about the most important activities and issues for CBR programmes.

The recommendations made by different groups have been merged to facilitate understanding and to avoid duplication.

Programme policies and position papers

CBR programmes need a clear, written policy about protecting people, including children, from violence and abuse. All CBR workers should be aware of this policy.

Increasing understanding

Collect evidence of cases of violence and abuse and share this information with community organizations and DPOs. Research is also needed in CBR programmes to assess how many persons are affected and which groups are more affected by violence and abuse.

CBR programme activities

Promote empowerment of persons with disabilities. Ensure that they are aware of their right to sexuality. Provide peer counselling, self-advocacy and training on the prevention of violence and sexual abuse. Involve SHGs and DPOs in these activities.

CBR workers need to work with affected persons so that problems of violence and abuse are not hidden and CBR programmes can provide support.

Networking

It is very important to develop relationships with local and national bodies and legal institutions that protect against violence and abuse. Violence and abuse towards persons with disabilities should not just be seen as “problems for the CBR programme”. They have to be mainstreamed.

Training material and courses

Develop appropriate material to train CBR workers on sexuality issues so that they, in turn, can train persons with disabilities. Training material on sexuality issues - relationships, marriage and family - for different groups of persons with disabilities is very much needed. This should include easy to read material, Braille documents and material with pictures.

Simple language versions of the United Nations CRPD and CBR guidelines are needed.

Conduct training for CBR workers, professionals and DPOs on sexuality and combating stereotypes. CBRW should provide training for community leaders about violence against persons with disabilities. CBR training should include violence and abuse prevention and the consequences of violence.

Annex 1

WORKSHOP PROGRAMME

Workshop coordination: Anita Ghai, Thomas Shakespeare, Sunil Deepak

<p>30 November 2012.</p> <p>Identifying and preventing violence and abuse towards persons with disabilities and supporting affected persons</p>
<p>Personal testimonies, film clips, sharing of experiences and ideas, discussions - session moderator <i>Alaa Sebeh, Egypt</i> (Maximum 15 minutes for each presentation)</p> <ul style="list-style-type: none">• Sexual violence - <i>Janice Cooper, Liberia</i>• Survey on violence and abuse in Mongolia CBR programme - <i>T. Batdulam, Mongolia</i>• Violence against children with disabilities - <i>Marieke Boersma, Netherlands</i>• Disability, gender and violence - <i>Abia Akram, Pakistan</i>• Violence and abuse in life-stories of persons with disabilities in Mandya CBR research in India - <i>Chelvaraju and Mamatha, India</i>• Film clips
<ul style="list-style-type: none">• What does CRPD say about violence and abuse towards persons with disabilities – <i>Giampiero Griffio/DPI Italy (20 min)</i>• Evidence based strategies for preventing and dealing with violence and abuse – <i>Tom Shakespeare, UK/Switzerland (20 min)</i>• Working with communities for preventing violence and abuse – <i>Sarmila Shrestha, Nepal (20 min)</i>
<p>Participatory exercise in plenary on identifying key issues related to abuse and violence issues - Facilitated by <i>Renato Libanora/Liberia and Sarmila Shrestha/Nepal</i></p>

Annex 2

EXISTING RESOURCE MATERIAL

WHO/VIP, the Violence and Injury Prevention team of the WHO has a website that provides resource materials and web-based short learning courses on issues related to violence and abuse. Their main website is:

http://www.who.int/violence_injury_prevention/en/

The WHO/VIP index of short courses is available here:

http://www.who.int/violence_injury_prevention/capacitybuilding/courses/en/index.html

Hesperian foundation, California, USA has a paper on sexual abuse of children:

<http://hesperian.org/wp-content/uploads/pdf/Hesperian%20Misc/sexualabuseeditorial.pdf>

The book “A Health Handbook for Women with Disabilities” has a chapter on “Abuse, Violence and Self-Defence” that provides simple and practical information on this issue for CBR programmes and DPOs. The book can be ordered at a fee or downloaded free of cost from the website of Hesperian Foundation: <http://hesperian.org/books-and-resources/>

Fundaciòn Carmen Pardo-Valcarce, Spain works for inclusion of persons with intellectual disabilities, covers awareness building and training of persons working with the justice system concerning violence and abuse towards persons with intellectual disabilities: http://www.pardo-valcarce.com/fcpv/index_inicio.php

Enablement, The Netherlands have published “The Dream of Inclusion for All” by Huib Cornieljhe and Evert Veldman (2011). This book can be useful training material; it has 20 stories accompanied by discussion points, role-plays and suggested activities. The book can be ordered from <http://www.cbrtraining.com/developments.htm>

Annex 3

LIST OF REGISTERED PARTICIPANTS¹

Country	Name
Afghanistan	Muhhamedreza Asadi
Afghanistan	Ali Moshirihoodsari
Afghanistan	Abdul Ahad
Afghanistan	Arsalah Habibi
Afghanistan	Hafizullah Turab
Afghanistan	Abdul Baseer Toryalay
Afghanistan	Ahmad Saleem
Australia	Timothy Lawther
Egypt	Alaa Sebeh
India	Sneha Mishra
India	Kanagasabapathi Vaikundanathan
India	Bobby Zachariah
India	Neha Naqvi
India	Dipika Srivastava
India	Dilip Patra
India	Sr Maria Kuttikkal
India	Nageshwara Rao
India	Fr Trevor
India	Sr Deepti Mary Verghese
India	Sr Ida Francis
India	K. Savithramma
India	Adi Sayanathan
India	Suresh

¹ This is list of persons registered for the workshop. 8 persons from this list did not participate or participated only in part of the workshop.

India	Praveen
India	Dr Anamma
India	Sr Lissy Francis
India	Dr N Manimozhi
India	M. V. Jose
India	Nyjil George
India	Sr Marykutty Abraham
India	Ramesh Giriappa
India	Rajshekhhar Jayaraman
India	Mamatha Eraiah
India	Kalavathi Jayashankar
India	Jayanth Kumar
India	Chaluvaraju Shivaramu
India	Basavaraju Kempaiaia
India	Nandini Ghosh
India	Anita Ghai
India	Pramada Menon
India	Zulekha Islam
India/UK	Heather Payne
Iran	Keyvan Davatgaran
Iran	Mohsen Iravani
Italy	Dr Sunil Deepak
Italy	Francesca Ortali
Italy	Giampiero Griffo
Liberia	Janice Cooper
Liberia	Fallah Bomia Cymbianoh
Liberia	Ricardia B. Dennis
Liberia	Renato Libanora
Liberia	Mayaedeh Kemeh

Liberia	Mavi Casalieri
Mongolia	T. Batdulam
Mongolia	Tulgamma Damdinsuren
Mongolia	Enkhbuyanat
Mongolia	Dr Batjurgal
Namibia	Mercy Kufuna
Namibia	Ton Derai Shumba
Nepal	Bibek Kumar Paudel
Nepal	Sarmila Shreshtha
Niger	Soumana Zamo
Norway	Jenny Schaanning
Norway	Bergdis Joelsdottir
Pakistan	Abia Akram
Palastine	Haneen Alsammak
Palastine	Husam Elsheikh Yousef
Palestine	Ola Abu Alghaib
Palestine	Zaker Qalalweh
Palestine	Mohammed Abu Alghaib
Philippines	Rosales Fleurdelis
Rwanda	Jean Baptiste
Sri Lanka	Ronald Sujeevan Pragatheeswaran
Sri Lanka	Amirthanathan Marianathar
Tanzania	Subira Mkumule
Timor-Leste	Joel Morais Fernandes
Timor-Leste	Joaozito Dos Santos
UK	Jane Crawford
UK	Philipa Bragman
UK/Switzerland	Thomas Shakespeare

Vietnam	Min Chau Cao
Zambia	Tom Lwendo Mungala
Zambia	Alick Nyirenda
Zambia	Masiliso Zaza
Zambia	Lucy Muyoyeta
Zambia	Yvonne Tomali Chingambu
Zambia	Muzaza Nthele
Zambia	Benson Zemba
Zambia	Celleb Callan Chabauni
Zambia	Felix Silwimba
Zambia	Stanfield Michelo
Zambia	Florence Chiwala Salati
Zimbabwe	Greaterman Chivandire



Italian Association Amici di Raoul Follereau (AIFO) is a Non-Governmental Network Organization representing 60 Italian organizations and groups spread all over Italy. At international level AIFO focuses its work in 2 main areas:

- Fight against leprosy integrated in primary health care programmes
 - Community-based rehabilitation (CBR) programmes

www.aifo.it/english

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