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PREVENTING AND ADDRESSING SEXUAL VIOLENCE IN PEOPLE WITH DISABILITIES

A society-based approach
based on social factors.

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Do you think people with disabilities are discriminated against?

Yes, in any way

(Interview with a person with a disability from Manizales)



BACKGROUND

Since 2012 – together with the Colombian Down's Syndrome Association, the Colombian Autism Association and the Action Program for Equality and Social Inclusion from the Universidad de los Andes – Profamilia has been working to encourage understanding and to address the sexuality and reproduction of people with disabilities in Colombia.

Ratified by the United Nations in 2006, the Convention on the Rights of Persons with Disabilities (CRPD) is considered one of the most significant steps forward in protecting the rights of this population.

With this convention, the social model of disability was established, which recognizes disabilities as part of human diversity and identifies the many barriers to inclusion that persist in society.

This model is a way of understanding disability as a social construct, as something that does not originate from people's bodies, but that arises from the barriers that persists and prevent their full social inclusion.

CRPD recognizes that women and girls with disabilities experience different types of discrimination, including sexual violence. The United Nations Convention states that nations must guarantee that the human rights of this population group are fully developed and exercised.

Despite advances in regulations, people with disabilities face several barriers to accessing information, communication, education and knowledge they need to fully exercise their sexual and reproductive rights.

People with disabilities, especially with cognitive and psychosocial disabilities, tend to be seen as passive subjects in regard to their sexuality; families fear that their children will become victims of sexual violence and see sterilization as a form of protection.

SEXUAL AND REPRODUCTIVE HEALTH

The Colombian Ministry of Health issued Resolution 1904 of 2017, which recognizes the sexual and reproductive rights of people with disabilities. This resolution also requires for support and reasonable accommodations to be made to ensure that people with disabilities have access to sexual and reproductive healthcare services.





What do you think makes up your sexuality?

I don't know... Knowing myself, knowing what I like knowing what I don't like... I think it's about knowing your body, and not just your body, but, I'm not sure how to say it.

(Interview with a woman with a psychosocial disability from Bogotá)



SEXUALITY



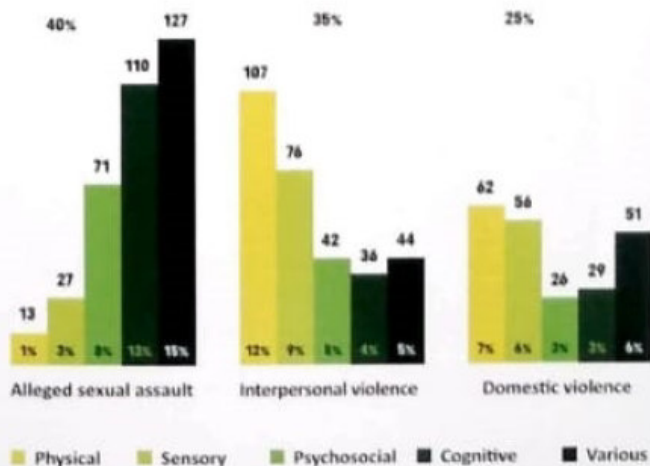
When I say the word 'sexuality' to you, what comes to mind? What do you think of?

Sexuality...If you have a husband, it is about knowing when you can be with him and that when you don't want to, you can tell that person. You do not have to be with them, because there are many partners who force their wives to be with them.

(Interview with a person with a cognitive disability from Bogotá)

RATES OF GENDER VIOLENCE IN PEOPLE WITH DISABILITIES

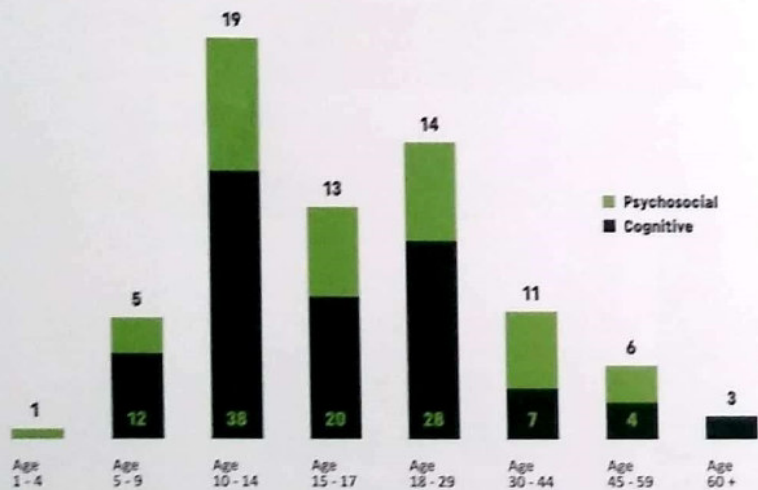
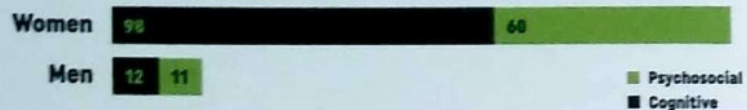
Cases of sexual violence against people with psychosocial and cognitive disabilities by sex and age group. Colombia, 2017.



Source: INMLCF, 2017



Cases of sexual violence against people with psychosocial and cognitive disabilities organized by sex and age group. Colombia, 2017.



People with disabilities under age 18 consisted of 87% of the forensic exams taken in the reporting of alleged sex crimes.

Source: INMLCF, 2017

People with disabilities, BY type and abuser. Colombia, 2017.



Source: INMLCF, 2017

314

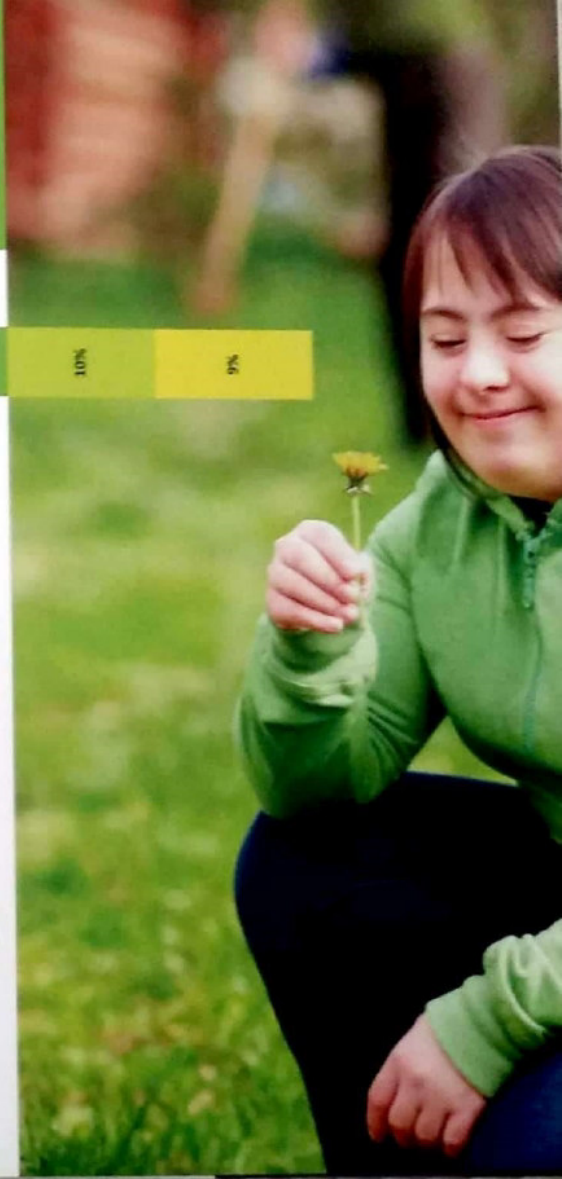
People with cognitive and intellectual disabilities that experience some type of violence

181

People with cognitive and intellectual disabilities that experience sexual violence

60%

Of these cases were victims under age 18, 1 of every 3 of which were between age 10 and 14.





When it comes to sexual violence, the vulnerable situations that people with disabilities face are much more unique, especially with women and girls.

PERCEPTIONS

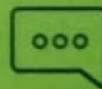
of employees from educational, healthcare, justice and social protection sectors.

In interviews with employees from these sectors, the majority of people emphasized the importance of understanding the protocols and services available for taking action in cases of sexual violence against people with disabilities. They even emphasized the importance of implementing educational and advocacy strategies to create awareness about these regulations.

Those who were interviewed were consistently unable to explain how these cases should be treated and how a differential approach and reasonable accommodations should be applied.

They did not have dominion about regulations or available services, and they reinforced beliefs about: it being impossible for people with disabilities to identify and report sexual violence, their lack of credibility in providing testimony and evidence, and about the need for family members, caregivers or guardians to be present in order to validate the truthfulness of their case.

People with disabilities and their families state that they would go to a prosecutor's office or the police if a sexual assault were to occur. In very few cases, they stated that they would see a doctor. In several cases, they expressed not knowing what they should do or not being sure about it.



What actions does your institution take to implement Resolution 1904 of 2017? (...)

I'm sorry, what resolution?

(Interview with an employee from the social protection sector in Bogotá).



BELIEFS ABOUT THE SEXUALITY

of people with disabilities

The vulnerability to sexual violence that people with disabilities face, must be understood socially through the stereotypes that affect their sexuality, not as something that is ingrained in people's bodies.

The beliefs people hold are a risk factor of sexual violence and are a determining factor of implementing access to justice.

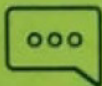
"THE BELIEFS PEOPLE HOLD ARE A RISK FACTOR"



MOST COMMON STEREOTYPES

The spectrum of perceptions held about the sexuality of people with disabilities, range from the belief that they have no sexuality to a hypersexualized perception of their behaviors and bodies.

How people's vulnerabilities differ depending on their disability reinforces beliefs that desexualize the bodies of people with disabilities, especially those with cognitive disabilities.



Have you ever been told that you can't or shouldn't have kids?
No, because I can't.
Why not?
Because I got my tubes tied.
I see. And how long ago was that operation?
Hmmm, I think I was about 16 or 17 years old when I had the operation.

(Interview with a person with disabilities from Manizales).

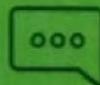




(...) They had their boyfriends, wanted to get married and they knew that they could have kids and said, "Mom, we want to make love with our boyfriends and get married. And we have rights too." We have also taught them that they have rights, that they are people with the same rights as others.

But then the Colombian Family Welfare Institute (ICBF) refused and said that they couldn't, they put limits on their rights saying it was prohibited, and for me that is sexual violence."

(Participant from the focus group in Bucaramanga)



"(...) These are children that do not have ill intentions in the world and are very innocent. They start life very innocently, so they will not have the ill intentions that a child their same age will. This can lead to other people managing to enter their space, insinuating things that they will not understand, and that is when a sexual assault can occur."

(Participant from the focus group in Cali)



PEOPLE WITH INTELLECTUAL AND PSYCHOSOCIAL DISABILITIES

...undergo different forms of psychological violence that affect their self-esteem and self-worth and normalize the different types of violence in their lives.



(...) I often thought that I wasn't worthy of love. So I also didn't like people to touch me. Since then, I guess I have gone through a process of accepting affection and people touching me, but obviously it has to be someone I know or trust - my immediate family, for example.

(Interview with a person with a psychosocial disability from Bogotá)

"THEY START LIFE VERY INNOCENTLY"

THE RISK FACTORS, PROTECTION AND PREVENTION

of sexual violence in people with disabilities.



Risk factors

- Family members and caregivers are the primary abusers of people with disabilities
- A lack of quality, accessible and comprehensive education for people with disabilities
- The effects of the beliefs and perceptions held of people with disabilities
- A lack of warnings about violence and impunity
- Measures that take away the wills of people with disabilities and restrict their opinions or participation



Protection and prevention factors

- Family and caregiver support networks
- Access to quality, comprehensive education on sexuality
- The acknowledgement by others of the bodies of people with disabilities, and their intimacy and privacy
- Acknowledging the sexuality and sexual and reproductive rights of people with disabilities
- Matters that guarantee the participation of people with disabilities through support and reasonable accommodations

CONCLUSIONS

- Over recent years, there has been a growing and positive change to include people with disabilities in political agendas

- Cases of people with psychosocial and cognitive disabilities who have been affected by sexual violence are primarily located in Colombia's more central departments.
- The vulnerable situations that people with disabilities face when sexual violence is involved are much more unique, especially with women and girls.
- Sexual violence against people with intellectual and psychosocial and disabilities can occur all throughout a person's lifetime and perpetrators are often family members or caregivers.
- Many different beliefs are held about people with disabilities. These beliefs affect their self-esteem, the perceptions they have of themselves, and reinforce inequality.
- Intersectoral coordination needs to increase and objectives need to be shared in order to effectively address the prevention of sexual violence against people with disabilities.
- It is also important to raise awareness about the services governments and agencies provide to people with disabilities who have experienced violence.

- The Colombian Ministry of Health and local agencies must continue to work on achieving the nationwide implementation of Resolution 1904 of 2017, which can help reduce violence help to identify it and improve the assistance available for it.
- Comprehensive sexuality education is one factor that protects people from sexual violence and must be made accessible to people with cognitive and psychosocial disabilities.
- The implementation of the social model of disability explains how the fact that people with disabilities are vulnerable to sexual violence is related to the beliefs and stereotypes that are not an inherent part of their disability.
- The attitudes, aptitudes and awareness that families, caregivers and communities have of the sexual and reproductive rights of people with disabilities as well as of the assistance available to them must improve in order to address cases of sexual violence.
- Strategies used to take over the wills of people with disabilities are often risk factors of sexual violence.

