Violence Against Children with Disabilities: A State of Disability!

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"To Jean-Marc, who was loved all along…"
More than a Billion people in the world today experience disability[3].
More than a Billion child in the world today experience violence

In 2015, at least three out of every four of the world's children – 1.7 billion – had experienced some form of violence in a previous year, regardless of their livehoods. Children with disabilities [CWD] are at a higher risk of violence than are non-disabled children, and those with mental illnesses are particularly vulnerable. Most regions of the world lack solid knowledge and robust response, particularly Lebanon, where last update is almost 10 years old[4]. As a major global priority[5], the UN Convention on the Rights of Persons with Disabilities [PWD][6] underpinned the protection of the rights of children with disabilities and the enablement of their full participation in society. In order to support action on this priority[7], the World Report on Disability[8] provides evidence about the magnitude of disability worldwide, and how the global barriers faced by CWD can be addressed and reduced.

In numbers: There are more than 1.000 million people with disability globally, which represents 15% of the world's population, **one in seven people.** Out of this number, between 110 million and 190 million PWD experience significant difficulties in functioning. In the Arab region, it is estimated that disability prevalence ranges from 0.4 per cent in Qatar to 4.9 per cent in Sudan[9]. This prevalence is predicted to increase because of ageing populations; even during childhood, the increased risk of disability in congenital and genetic diseases, perinatal challenges and consanguinity, and the worldwide rise in chronic diseases such as cancer, diabetes, cardiovascular disease, and mental illnesses overwhelm the burden of disabilities.[10-11]

Violence on CWD is visible and revolting: Overall, children with disabilities are almost four times more likely to experience violence than non-disabled children. In reality, CWD are 3.7 times more likely than non-disabled children to be victims of any sort of violence, 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers.

In more specific situations, children often suffer violence and bullying from peers, family and strangers as a result of prejudice and discrimination. Some examples include:

- **Disability in childhood:** In daily scenarios, children with disabilities, including physical differences, genetic disorders, autism spectrum disorders, and learning and intellectual disabilities, are particularly vulnerable to bullying as well as emotional and sexual violence[12].
- **External appearance of children:** Children who are visibly obese or short - or simply wear eyeglasses or prostheses are more likely to be bullied than their slimmer, longer, fitter and non-dependent peers[13].

The overwhelming suffering: As CWD endure more than other children, the need to learn more about their needs and specific challenges is prominent; it is estimated that almost 93 million children – or one in 20 of those under 15 years of age – live with a moderate or severe disability. About 15% of children worldwide have a disability. In spite of knowledge gaps, the scale and magnitude of violence against CWD are not known. They are frequently reported to be at increased risk of violence, yet knowledge and preparedness of this issue are scarce. **Such challenges need to be addressed in Lebanon, in terms of guiding principles[14], policies, knowledge-base, and training of professionals, as well as infrastructure habilitation, community information, stakeholders' advocacy and education of population[15].** Within the global momentum of the **Global Partnership to end violence against children, SDGs and the INSPIRE strategies**, **Lebanon must address this burden, at individual, family, community, social and systemic levels** [nurseries and schools, leisure and activities, chronic care facilities[16], work places[17], access to public spaces], with no more delay **- Lebanon inexplicably more than 1 year late on those global commitments and on State obligations** - and should be guided by the overarching principles and approaches reflected in the ***WHO global disability action plan 2014-2021, the World report on disability***, **and the Convention on the Rights of Persons with Disabilities.** Lebanon has a National coordination mechanism for disability [National Committee for the Affairs of the Disabled, 1993, Chaired by MoSA, with PWD representation], as well as a direct involvement of persons with disabilities in the mechanism; there is also an overarching general disability law [Law No. 220 on the Rights of Disabled Persons (2000)] but **no articles on disability included in the constitution; there is no governmental focal point(s) for disability;** in line ministries or other governmental institution on disability; there is however a national disability strategy under CBD.

Needless to say that Disability is universal. Everybody is likely to experience disability directly or to have a family member who experiences difficulties in functioning at some point in his or her life, particularly when they grow

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3- Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies Karen Hughes, Mark A Bellis, Lisa Jones, Sara Wood, Geoff Bates, Lindsay Eckley, Ellie McCoy, Christopher Mikton, Tom Shakespeare, Alana Officer Centre for Public Health, Liverpool John Moores University, Liverpool, UK (K Hughes PhD, Prof M A Bellis DSc, L Jones BSc, S Wood MSc, G Bates MSc, L Eckley PhD, E McCoy MSc) Department of Violence and Injury Prevention and Disability, World Health Organization, Geneva, Switzerland (C Mikton PhD, T Shakespeare PhD, A Officer MPH)
4- World Report on Disability
5- United Nations. Convention on the rights of persons with disabilities. Resolution 61/106. New-York: United Nations; 2008.
6- Resolutions 66/288 (The future we want), 66/229 (Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto), 66/124 (High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities), 65/186 (Realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond), 68/3 (Outcome document of the high-level meeting of the United Nations General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond) and 64/131 (Realizing the Millennium Development Goals for persons with disabilities).
7- Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health. Geneva: World Health Organization; 2002.
8- World Health Organization, The World Bank. World report on disability. Geneva: World Health Organization; 2011.

9- Nineteen countries responded to ESCWA.
10- World Health Assembly. Disability, including prevention, management and rehabilitation. 58th World Health Assembly, http://www.who.int/disabilities/publications/resolution/WHA5823_resolution_en.pdf; 2005.
11- World Health Organization. Global burden of disease: disease and injury regional estimates. 2011; Available from: http://www.who.int/healthinfo/global_burden_disease/estimates_regional/en/index.html
12- American Psychiatric Association 2000; Kavale and Forness 1996; Yousafzai and others 2005.
13- Iles-Caven and others 2017; Lumeng and others 2010.
14- United Nations. Convention on the rights of persons with disabilities. Resolution 61/106. New York: United Nations; 2008
15- Marge DK. A call to action: Ending crimes of violence against children and adults with disabilities. New York: SUNY Upstate Medical University, State University of New York; 2003.
16- Chartier MJ, Walker JR, Naimark B. Childhood abuse, adult health, and health care utilization: results from a representative community sample. Am J Epidemiol 2007; 165: 1031-8.
17- International Labour Organization Social Protection Floors Recommendation, 2012 (No. 202): recommendation concerning national floors of social protection, adopted 14 June 2012.

older. CWD generally have poorer health, lower education achievements, fewer economic opportunities later in life and higher rates of poverty. This added burden is largely due to the barriers CWD face in their everyday lives, rather than their original disability. In fact, **Disability is not only a public health problem, but also a child rights and development issue.**

Violence on CWD can be deeply destructive. The damage goes far beyond immediate trauma and fear, extending through many aspects of the child's life, affecting health and education, and restricting future opportunities. **VAC may be a source and a consequence of disability**; VACWD can lead to depression and behavioral problems, post-traumatic stress, anxiety and eating disorders. These impacts on mental health can make young people more vulnerable to substance abuse, and poor reproductive and sexual health[18].

Another consequence is poorer educational achievement, especially if the learning and adaptive capacities of the CWD are obviously already hindered. Indeed, children with a history of maltreatment may have impaired mental well-being that affects their academic performance, even in special schools[19]. Learning can also be impaired by inappropriate means of discipline and corporal punishment, since children, especially when they are aware of other discriminating differences and isolation, fear being physically harmed by their teachers, and ultimately tend to resist education, avoid programs and drop-out schooling[20]. CWD may not be able to express their distress under situations of corporal punishment and may even be unable to avoid such stresses and violence.

The facts on violence link children and women, with or without disability.

Indeed, Disability disproportionately affects women and children[21], as well as poorer households and refugees; those categories of population are also at significantly higher risk of experiencing disability. **Women and girls with disability are likely to experience multiple types of discrimination**, which includes gender-based violence, abuse and marginalization[22]. As a result, women with disability often face increased burden when compared with males with disability and women without disability[23]. Internally displaced or stateless persons, refugees, migrants, as well as children in chronic care facilities and within judicial premises with disability also face particular challenges in accessing services. Furthermore, the prevalence of disability is greater in poorer areas. Referring to Lebanon and other similar countries, the United Nations General Assembly noted in 2013 that an estimated 80% of people with disability live in developing countries and stressed the need to ensure that persons with disabilities are included in all aspects of development, including the post-2015 development agenda.[24]

Children with disability face widespread barriers in accessing services[25], such as chronic and acutized health care (including medical care, therapy and assistive technologies), education, leisure, and social services, including housing and transportation to education and health premises[26]. The origins of these barriers are multisectoral:

- **In Legal frame and norms:** Because of inadequate legislation, policies and strategies are lagging; the Lebanese legislation needs to revisit the disability definitions and duties, in light of emergent classification of mental diseases and perspectives of the WHO action plan
- **In services and infrastructure:** There is obvious and numerous lack s in service provision, including intermediate schools availability, poor funding of public specialized teaching and scattered logistic requisites; inadequate funding include municipal investments; such lack of accessibility are exaggerated in rural areas; here also, poor delivery of services include access to mental health support;
- **In advocacy and communication:** the general population has a questionable tolerance to the presence of CWD, however, such tolerance promotes empathy rather than appropriate response; the lack of awareness and understanding about disability include terminologies and classification of light to moderate disabilities; consequently, such situations are neglected, while severe cases are often isolated or even prohibited from public view; such negative attitudes and discrimination are prominent with refugees and foreign workers
- **In participation:** in Lebanon, there is a wide lack of participation in decisions that directly affect the lives of CWD, including participation in public life and decision-making of PWD; such lacks need urgent response across governmental agencies and in intersectoral policies.

All these barriers contribute to the disadvantages experienced by PWD. In developing countries like Lebanon, CWD experience poorer health than other children, lower rates of educational achievement and employment perspectives, reduced independence and restricted participation, as well as higher rates of poverty. In fact, many of the barriers that CWD face are avoidable and the disadvantage associated with disability can be reduced. In solution finding, Lebanon needs to plan strategies with accredited and specialized NGOs and foundations, which provide co-funding, training, capacitation and services. Such competences are available; however, it is well known to the public that a significant part of the State funding is not well audited and that the government performance is not appropriately monitored. Such concerns need to be addressed in order to provide the best services at lesser costs, especially in light of the downfall of Lebanon in 10 years from the 68th place to the 143rd place in most corrupted countries. Such levels of unsecure and uncontrolled spending certainly limit the cost-effectiveness evaluation of governmental actions and hinder the efficacy of programs, including those that target the most vulnerable, like CWD. The **Strategies to prevent violence and discrimination on CWD** consequently need a front facing and sustained capacitation; the Lebanese State must address the following:

- **Increase individual capacities of parents, caregivers and children** themselves, as many of them are able of autonomy when provided with rightful policy and state support.
- **Embed violence-prevention in institutions and services,** including those who shelter CWD and provide sustained services.
- **Reduce the root causes of violence,** including early child education for - and about - CWD, as well as structural support in family livehoods

The way forward is more humanity, better health and improved rights

The risk of violence to children with disabilities is routinely three to four times higher than that to non-disabled children. It is therefore the duty of the Lebanese government and civil society to ensure that such victimization is denounced, exposed, addressed, outlawed and prevented.

The United Nations Convention on the Rights of Persons with Disabilities invites Lebanon to build policies and structures that avoid CWD the adverse experiences resulting from violence that are known to have a wide range of detrimental consequences for health and well-being. However, when prevention fails to provide sound integration, solid policies and safe environments, then **the Lebanese State needs to provide care and support for CWD who are victims of violence, as vital support to their recovery.** Lebanon must also work to improve health of CWD, as well as learning opportunities and social participation; it is also critical that Lebanon promotes and protects family bonds and strengths; in consequence, the Lebanese government must trigger **deinstitutionalization and family strengthening** in parallel, aiming at social and family integration of CWD, including traditional and emergent understanding of disability, such as children born with cerebral palsy and genetic disorders, wheelchair and prosthesis users, children who are blind or deaf or with intellectual impairments or mental health conditions, and also the wider group of children who experience difficulties in functioning in learning and playing and socializing, due to a wide range of conditions such as non-communicable diseases, infectious diseases, neurological disorders, injuries, and conditions that result from metabolic and degenerative processes.[27] While **growing up in stable, nurturing families is associated with the best outcomes for children**, it is understandable that such management is not always possible, due to specific needs and settings, such as highly qualified nursing needs and unable families. For some children indeed, family care is neither assured nor may it be in their best interests.[28]

However, unusual situations or need do not justify

18- Ribeiro and others 2009
19- Romano and others 2015
20- Ogando Portela and Pells 2015.
21- Nosek MA, Clubb Foley C, Hughes RB, Howland CA. Vulnerabilities for abuse among women with disabilities. Sex Disabil 2001; 19(3): 177-90.
22- Brownridge DA. Violence against women with disabilities: perpetrator characteristics are key. In: Brownridge DA, editor. Violence against women: Vulnerable populations. New York: Routledge; 2009.
23- Martin SL, Ray N, Sotres-Alvarez D, Kupper LL, Moracco KE, Dickens PA, et al. Physical and Sexual Assault of Women with Disabilities. Violence Against Women 2006; 12(9): 823-37
24- Quarmby K. Scapegoat: why we are failing disabled people. London: Portobello Books; 2011.
25- Silver E, Arseneault L, Langley J, Caspi A, Moffitt TE. Mental disorder and violent victimization in a total birth cohort. Am J Public Health 2005; 95(11): 2015-21.
26- Seo Y, Abbott RD, Hawkins JD. Outcome status of students with learning disabilities at ages 21 and 24. J Learn Disabil 2008; 41(4): 300-14.

27- Article 1 of the Convention on the Rights of Persons with Disabilities indicates that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.
28- Martin and Zulaika 2016

exclusion; in reality, millions of children around the world live in institutions[29]; **in Lebanon, thousands of children live in institutions**, despite the overwhelming evidence that institutional care denies children their rights and cannot meet their needs[30]. **Children in such institutions show negative cognitive outcomes** including impaired growth[31] and poor attachment[32], with placement at young ages and long duration of stay further increasing the risk of harm and negative impacts[33]. **Children in institutions are also at significantly greater risk of physical and sexual abuse than those in foster care or the general population**[34]. **Children with disabilities are particularly at risk**[35]; those vulnerable children are often abandoned within institutions without stimulation or human contact, and often physically restrained[36]. Deinstitutionalization is therefore essential to ending violence against children, in general and particularly for CWD[37]. The UN Guidelines for the Alternative Care of Children[38] emphasize the State responsibility to provide adequate family care through preventative and remedial services. In such principles and momentum, it is critical that Lebanon dismantles large-scale institutions, and initiates the process of **reforming alternative care systems to competent and humane open spaces and also support family-based alternative care**[39].

The government action plan should mainstream disability in its programs and involve the Social and Economic Council, in terms of programmatic integration of Women and Children as well as Disabilities in the frame of the social development strategies, as **cost-effective and human rights** compliant approach, in particular when reflecting emergent political, economic, social and environmental realities and evolving health and social agendas[40].

The education system has a major and critical role in prevention and protection of CWD: Nurseries, Schools and other educational institutions should become centers of nonviolence. They should discourage discrimination and isolation, reduce hierarchical systems and stop violent behavior and bullying, especially towards vulnerable children. After school and other programs should prioritize anti-bullying and prevent peer victimization, through campaigns to **end corporal punishment; 50 countries have so far banned corporal punishment; Lebanon must ban the ministerial directive 186 and integrate CWD protection within the reform of Law 422/2002. Children can indeed offer many lessons for transforming the culture of schools**[41].

So what can be done, within positive and caring platform that include children and youth with disabilities?

- Empowering a National Council and a national plan for PWD
- Including PWD in decision-making
- Looking for more specific roles, **Healthcare professionals have important positions in preventing VAC, especially on CWD,** because HCF meet children at birth and even before, during prenatal visits. HCP are ideally placed to prevent VAC by ensuring early detection, timely response, and appropriate rehabilitation following trauma.

In conclusion, **the Lebanese government must provide structural and legal frame to protect CWD and promote their rights**; social stakeholders, including CWD and families, should provide input and feed-back. The **WHO INSPIRE strategies provide guidance for child protection, under the SDGs** requirements. **CWD should grow up in a very different world by 2030 – the target year for the SDGs**. Positive social norms should ensure freedom from fear. Enhanced social and economic security should enable parents to better care for their children. CWD should have safe spaces in which to live, play and study. It can be realized if efforts are made to prevent and end violence on all children.

"If not them, who? If not now, when?"[42]

29- Pinheiro 2006; Save the Children 2009
30- Mulheir 2012; Berens and Nelson 2015; Rosenthal 2017.
31- Van Ijzendoorn and others 2007.
32- Vorria and others 2003; Zeanah and others 2005.
33- Van Ijzendoorn and others 2007 Sherr and others 2016.
34- Euser and others 2014
35- Better Care Network and EveryChild 2012
36- Mathews and others 2015
37- UNGA 2010
38- UNGA 2010
39- Greenberg and Partskhaldze 2014; Better Care Network and UNICEF 2015
40- Twelfth General Programme of Work, 2014–2019,
41- Cid 2017; Lester and others 2017. See also www.coe.int/en/web/children/corporalpunishment. Accessed 29 June 2017
42- Queen Sylvia, Solutions Summit, Sweden, 2018.

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