

# Disability-inclusive child safeguarding guidelines

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**SEAH:** Safeguarding children with disabilities against sexual exploitation, abuse and harassment



## Appendix 6: Safeguarding children with disabilities against sexual exploitation, abuse and harassment (SEAH)



All children, including those with disabilities, have a right to be safeguarded against sexual exploitation, abuse and harassment (SEAH).<sup>i</sup> Organisations must ensure their child safeguarding process acknowledges that children with disabilities are at increased risk of SEAH and implement safeguarding processes that mitigate these risks.

### Why

Children with disabilities are at increased risk of SEAH because:

- Children with disabilities are 2.9 times more likely to experience 'sexual violence'.<sup>ii</sup>
- Children with intellectual disabilities are especially at risk. They are 4.6 times more likely to experience 'sexual violence' compared with other children.<sup>iii</sup>
- Perpetrators may target children with disabilities with restricted mobility or communication barriers as they believe they will meet less resistance or that it is unlikely the incident will be reported or believed.
- Some children with physical disabilities may be unable to run away from perpetrators of sexual abuse and children with hearing impairments may be unable to shout and call for help.<sup>iv</sup>
- Some children with disabilities are more dependent on carers for personal and

intimate care, which increases the risk of exposure to abusive behaviour and SEAH.

- Physical and intimate care requirements for some children with disabilities can also mean they become more accepting of the access others have to their bodies, making it more difficult for physical boundaries to be set.
- People with intellectual disabilities sometimes lack the capacity to say "no", which can be wrongly perceived as consent.

Girls with disabilities, in particular, will experience discrimination and disadvantage on account of their age, gender and disabilities. The intersectionality puts girls with disabilities at even further risk of harm and abuse.<sup>v</sup>

- It is estimated that between 40%-70% of young women and girls with disabilities will be sexually abused before they reach 18 years of age.<sup>vi</sup>
- Girls with disabilities are four times more likely to be sexually assaulted.<sup>vii</sup>
- Harmful myths make girls with disabilities targets for sexual exploitation, abuse and harassment. For example, in some Southern African countries, it is believed that having sex with a virgin or a girl with albinism can cure HIV/AIDS and other sexually

transmitted diseases. Girls with disabilities are often presumed to be virgins and are targeted.

- Girls with disabilities are less likely to go to school and more likely to be viewed as asexual and therefore not provided with sex education. Any information of sexual health, reproduction and rights that is shared is rarely accessible or relevant to their experiences.

“If a girl who is deaf has to go to dangerous places like passing in a forest or a place with no people, she may be raped because [the abuser] is aware that she will not be able to cry.”

– Solange (youth in Rwanda)

It is also important to note that boys also experience sexual exploitation, abuse and harassment, but due to the stigma associated with reporting sexual and gender-based violence, including stigma relating to toxic masculinity, reporting is lower.

## How

The heightened risk of SEAH for children with disabilities means additional and specific safeguarding measures must be considered to fully protect them. Organisations must integrate these specific measures into existing systems that protect **all** children from sexual exploitation, abuse and harassment.<sup>viii</sup>

## 1. Planning

Senior management should ask themselves the following questions to assess organisational effectiveness at

safeguarding children with disabilities against sexual exploitation, abuse and harassment:

### Policies

- Does the Child Safeguarding Policy explicitly recognise the increased risk of SEAH for children with disabilities? Or is there a separate policy on SEAH or whistleblowing that includes children with disabilities?
- Does the Child Safeguarding Policy require that specific risks for children with disabilities are identified and mitigated?
- Does the Child Safeguarding Procedure require children with disabilities to be involved in safeguarding and risk assessments?
- Is the Behavioural Code of Conduct sensitive to the requirements of children with disabilities? For example, children with disabilities sometimes require physical touch for personal assistance or support, or additional time alone with practitioners or professionals (rehabilitation, counselling, etc.). Organisations should include a disability-sensitive ‘two-adult’ procedure that recognises that sometimes an adult will need to be alone with a child with disabilities for personal care but also requires staff to leave a door ajar or to be regularly checked by another staff member to mitigate against any elevated risk posed by a child being alone with only one adult.<sup>ix</sup>

### Culture and practice

- To what extent are the board, senior leadership, staff, partners and other representatives aware of the increased risk of SEAH for both boys and girls with disabilities, and committed to mitigating these risks?

- Does your organisation include training for all staff, partners and representatives on the specific risks both boys and girls with disabilities experience? Is the training wholly or partly run by children and adults with disabilities especially females?
- For larger organisations, has there been an intersectional effort through collaboration between gender specialists and disability/inclusion experts in the organisation together with safeguarding specialists to ensure both girls and boys with disabilities are fully protected?
- To what extent are the voices of girls and women with disabilities included in your organisation leadership and organisational planning procedures (e.g., strategy design or project planning)?
- To what extent are staff or volunteers who provide care and spend time alone with children with disabilities (e.g., sign language interpreters, medical staff and personal assistants) vetted prior to employment and provided with disability-inclusive child safeguarding training, including training on the code of conduct?

## 2. Increasing awareness

Increasing awareness begins with improving understanding of the protections legal frameworks seek to offer against sexual exploitation, abuse and harassment. Organisations can use the following UN conventions and principles to engage with stakeholders around protecting children with disabilities:

- All children, including all children with disabilities, are protected by the **Convention of the Rights of the Child** (UNCRC) under article 34 ‘Nobody should touch me in ways that

make me feel uncomfortable, unsafe or sad.’<sup>x</sup>

Article 34 of the UNCRC also explicitly identifies children with disabilities as having this right.

- Under the **Convention on the Rights of Persons with Disabilities** (UNCRPD) Article 6 ‘States Parties recognise that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.’ General Comment Number 3 of the Committee on the rights of persons with disabilities on Article 6 details this specific right for women and girls with disabilities.
- Under the **Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW) there is recognition that gender-based violence is shaped by intersecting dimensions of inequality, including disability.<sup>xi</sup>
- All humanitarian and development organisations must follow the **Core Principles Relating to Sexual Exploitation and Abuse** (IASC), which states that any sexual activity with a person under the age of 18 is prohibited. This supersedes any local laws around the age of consent.<sup>xii</sup>

In addition to awareness about rights, organisations will need to address and rebuff harmful myths and ignorance around disability in the communities where they work and across the organisation itself. Here are some examples of myths, the risks they pose for children and examples of how to dispel them.

Having unprotected sex with a girl with albinism or a girl with disabilities will cure HIV.

Girls with disabilities are at low risk of sexual abuse from caregivers and support workers who are generous and good people.

Sexual abuse of children with intellectual disabilities is not as harmful as they are not aware of what it is.

“A girl who is deaf is more likely to be sexually abused since she might not understand what abuse is and how she can protect herself.”

– Rose (child in Rwanda)

“Children with mental disabilities, mainly girls, can be raped because they think the girl will not remember them to report it.”

– Immaculee (youth in Rwanda)

● This can lead to high incidents of sexual abuse violence and exploitation and underage pregnancy of girls with disabilities.

✓ Sex with a girl with disabilities will not cure HIV. It is illegal to have sexual intercourse without informed consent and illegal to have sex with a minor under any circumstance.

● This heroism of caregivers and support workers can embolden and protect perpetrators of SEAH that work closely with a child with disabilities.

✓ Girls with disabilities are most likely to be sexually abused by someone they know or by someone who cares for them.

● This can lead to high incidents of sexual exploitation, abuse and harassment for children with intellectual disabilities, and underage pregnancy of girls with intellectual disabilities.

✓ Children with intellectual impairments can experience harm and abuse as acutely as children without disabilities. It is illegal to have sexual intercourse without consent and to have sex with a minor under any circumstance.

### 3. Identifying and mitigating risk of SEAH

The first-hand experience of persons with disabilities is key to understanding the specific SEAH risks they face. As such they **must** be involved in the development of risk assessments and mitigation plans from the start. Organisations of persons with disabilities (OPDs) and in particular representative groups of **women with**

**disabilities** should be invited to contribute to the process. These organisations will be able to provide insights on the experience of SEAH for adults and both girls and boys with disabilities, and advice on appropriate mitigation strategies.

Some specific risks relating to SEAH for children with disabilities and associated mitigation strategies include:

Risk	Mitigation
Girls and boys with disabilities receive disproportionately low levels of sexual education and as a result are poorly equipped to recognise, report and resist SEAH.	Organisations must ensure girls and boys with disabilities are provided with sex education and related health information. Staff must ensure girls and boys with disabilities have understood what sexual abuse is and how to report it. If possible, extend this information sharing to parents/caregivers and the community as a whole.
Poverty, social gender norms and ignorance can drive girls to early child marriage or other SEAH, especially for girls with disabilities. <sup>xiii</sup>	Policies and training should emphasise that children with disabilities have the right to be protected from early child marriage and underage sex. Increasing awareness should highlight the intersectionality of age, gender and disabilities that puts girls with disabilities at particular risk of SEAH.
Children with disabilities may depend on others for mobility and for intimate care (dressing or toileting). This increases physical interaction and time alone with adults and can lead to increased opportunity for SEAH.	<ul style="list-style-type: none"> <li>● Employees or stakeholders who spend prolonged and largely unsupervised time with children with disabilities should be targeted for disability-inclusive child safeguarding support and training.</li> <li>● Children with disabilities should be provided with ‘Good Touch Bad Touch Information Sessions’ to help them differentiate between assistance and abuse.<sup>xiv</sup></li> </ul>
Many children with disabilities, especially girls with disabilities, are not registered at birth, or their disability is not identified, which means necessary adjustments and modifications are not made to empower them and minimise the risk they experience.	<ul style="list-style-type: none"> <li>● Promote registration at birth in the health system strengthening programmes and advocacy work.</li> <li>● Collect disability disaggregated data in children over the age of two using the <u>UNICEF Child Functioning Modules of the Washington Group</u>.</li> </ul>

Risk	Mitigation
Increased exclusion and gender-based power dynamics for girls with disabilities can lead to increased opportunity for SEAH.	Recruit and mentor women with disabilities to represent gender and disability perspectives, challenge harmful gender norms and tackle power imbalances to prevent SEAH.
Harmful disability stereotypes can undermine the credibility of children with disabilities on matters of sexual harassment and violence. This can lead to children with disabilities becoming targeted by perpetrators of SEAH as there is less fear of them getting caught. Where strong bias against girls is prevalent, gender norms and SEAH protection systems are poor; this is particularly challenging for girls with disabilities.	<ul style="list-style-type: none"><li>● Combat assumptions that children with disabilities are less credible, through training and increasing awareness.</li><li>● Provide clear messaging to children with disabilities that they will be listened to and believed.</li><li>● Combat deep-rooted gender norms around girls in general and girls with disabilities, as well as sexuality and sexual and reproductive health and rights.</li></ul>

Remember

Challenging the intersectional discrimination that disempowers, discounts and demeans girls with disabilities will be central in any strategies that seek to protect them from SEAH.

4. Recognising when SEAH has occurred

Below are some examples of potential signs that children with disabilities who are or have been experiencing SEAH may display. **This is not an exhaustive list. The signs listed below can be general indicators of abuse but can also be specific signs of SEAH.** It is important to remember that every child is different and each situation unique, meaning any

change in behaviour could be an indication that SEAH is occurring depending on the context.

Signs of SEAH that can be observed by a change in appearance or behaviour:

- A change in the way children with disabilities react to or interact with personal assistants, support workers or interpreters.
- Children with disabilities who require assistance to go to the toilet suddenly

refuse or appear fearful to use the toilet.

- Children obsessively touching, scratching or striking their intimate areas.

Signs that can be observed from the interactions between a child and responsible adult can include:

- Unjustified or excessive physical restraint, especially where a child with disabilities seems to be recoiling. Justifications can include 'they will hurt themselves or others' or 'they will break things'.
- Inappropriate or unnecessary handling when assisting with mobility or moving a child around.
- Unjustified or repetitive restriction of liberty, including inappropriate locking of doors under the guise of 'protecting privacy'.

that they spend prolonged amounts time with or those who provide them with personal care or assistance.

- ✓ Recognise stigma associated with reporting SEAH for children with disabilities, especially girls with disabilities.
- ✓ Provide opportunities for girls with disabilities to report to women with disabilities employed and trained by the organisation. These women may better understand their experience and girls with disabilities may be more likely to report to them.
- ✓ Ensure parents or caregivers of children with disabilities, their families and key community members are aware of children with disabilities' right to protection from SEAH and available reporting channels.

Remember

- Children, including children with disabilities, rarely report SEAH immediately after it happens. Disclosure of child SEAH usually only becomes clear over time. In response, reporting mechanisms need to be accessible and available over a substantial period of time.
- Child SEAH disclosure is often initiated following a physical complaint or a change in behaviour as opposed to direct reports. Children with disabilities may not be able to communicate physical complaints as easily, and changes in behaviour maybe harder to identify. Staff must be provided with awareness-raising on signs of SEAH in children with disabilities.<sup>xv</sup>

5. Effective mechanisms for reporting SEAH

It is important that all detected or suspected SEAH is reported through appropriate channels. Sometimes, people, including perpetrators, think that children with disabilities, especially those with intellectual disabilities or a hearing impairment, are not able to report. This is not true. Organisations must set up multiple reporting mechanisms for parents/caregivers, community members, project staff and children with disabilities themselves. To do this, organisations should:

- ✓ Work with persons with disabilities and their representative organisations, especially women's wings and women's organisations, to design appropriate and inclusive reporting mechanisms.
- ✓ Provide opportunities for children with disabilities to report away from staff

## 6. Responding to incidents of SEAH

Children with disabilities are often wrongfully perceived as untrustworthy and are therefore less likely to be believed following reports of SEAH.

Organisations must encourage a culture of listening to, respecting and believing children with disabilities in relation to SEAH reports, and must make concerted efforts to ensure children with disabilities feel listened to and taken seriously during response procedures. Organisations must:

- ✓ Ensure enough time is given to children with disabilities to fully understand next steps and what they can expect during an investigation.
- ✓ Work in partnership with representative organisations of persons with disabilities (OPDs), especially women associations and groups, to identify effective referral pathways that provide accessible SEAH survivor support.

To avoid the re-victimising or re-traumatising children with disabilities when responding to SEAH reports, organisations must consider:

**Will the police and local authorities be involved?** Justice systems and police services often perceive children with disabilities, in particular those with intellectual disabilities or girls with disabilities, as not being credible witnesses. As such, reporting crimes where authorities choose not to investigate or even accuse the child of lying or misrepresenting the truth may cause further harm to the child.

In addition, understanding the local legal context is critical. For example, organisations will need to understand the legal context in terms of what SEAH acts constitute criminal offences and what

available processes there are for children with disabilities reporting officially. Based on different local laws and legislation, organisations will need to provide separate guidance on how to engage with legal authorities that considers the best interest of children with disabilities as sometimes the 'appropriate' response may not involve justice or legal action.

Despite these challenges, failing to support appropriate access to justice where it is available and in the best interest of the child can indirectly empower potential perpetrators and increase children with disabilities' risk of SEAH. Organisations should be wary of people failing to involve police or local authorities based on assumptions that they are not applicable or suitable for children with disabilities.

**Will a child with disabilities be medically examined following an incident?** Intimate medical examinations can be a particularly traumatic experience for children with disabilities who are less likely to be provided with accessible information on what is happening or why, and less likely to be asked for informed consent. It is likely that doctors and medical staff will be unable to communicate with the child with disabilities or answer questions.

Organisations will need to consider if an examination is in the best interest of the child or if it will cause additional harm. If medical procedures are deemed necessary, informed consent/assent should be sought from children with disabilities and consideration should be given to the most appropriate medical professional to undertake the examination, the venue and the child's ability to understand the purpose of the medical examination. Disability-friendly procedures and accessibility should be written into standard operating procedures for SEAH cases, especially rape.<sup>xvi</sup>

### Remember

The trauma of abuse can contribute to mental health barriers and additional psychosocial disabilities which can in turn put children with disabilities at increased risk of SEAH.

# References

- i. The acronym SEAH originated in the UK and **should not** be considered the internationally accepted term. The UN uses SEA and SH in place of SEAH; clearly laid out for SEA in the IASC Minimum Operating Standards for PSEA and elsewhere on SH, which it treats separately as a work issue. In terms of international standards, the DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance is the first international instrument that brings SEA and SH together: <http://www.oecd.org/dac/gender-development/dac-recommendation-on-ending-sexual-exploitation-abuse-and-harassment.htm#:~:text=The%20DAC%20Recommendation%20on%20Ending,harassment%20by%20setting%20and%20implementing>
- ii. Pan American Health Organisation (WHO). *Children with disabilities more likely to experience violence*, Web Bulletins (2012). Accessed on 25 February 2021 at: [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=6998:2012-children-disabilities-more-likely-experience-violence&Itemid=135&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=6998:2012-children-disabilities-more-likely-experience-violence&Itemid=135&lang=en)
- iii. Ibid.
- iv. Consultation held with children & youth with disabilities and parents conducted by UWEZO Youth Empowerment, Kigali, Rwanda (2020), in partnership with Able Child Africa and Save the Children Rwanda.
- v. The Convention on the Rights of Persons with Disabilities recognises multiple forms of discrimination faced by women with disabilities, which they do not experience as “a homogenous group but, rather, as individuals with multidimensional layers of identities”. *UN Committee on the Rights of Persons with Disabilities*, (2016). General comment No. 3, para 16.
- vi. The Roeher Institute (2004). *Violence against Women with Disabilities Ottawa*, Public Health Agency of Canada. Accessed via UN.org on 25 February 2021 at: [https://www.un.org/womenwatch/daw/csw/csw57/side\\_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf](https://www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf)
- vii. See the following: Krug, E.G. et al., eds. World Health Organization Geneva (2002). *World report on violence and health*, p.66. [https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf?sequence=1); Groce, N.E. UNICEF New York (2005). *Violence against disabled children: UN Secretary Generals Report on violence against children thematic group on violence against disabled children with disability: findings and recommendations*. Accessed via UCL Discovery, <https://discovery.ucl.ac.uk/id/eprint/15686/>
- viii. For guidance on organisational approaches to safeguarding against sexual exploitation and abuse and sexual harassment of all children see the *Inter-Agency Standing Committee Minimum Operating Standards on Preventing Sexual Exploitation and Abuse* [https://interagencystandingcommittee.org/system/files/3\\_minimum\\_operating\\_standards\\_mos-psea.pdf](https://interagencystandingcommittee.org/system/files/3_minimum_operating_standards_mos-psea.pdf) and the *UNICEF Strategy to Prevent and Respond to Sexual Exploitation and Abuse and Sexual Harassment of all children* (2019) <https://www.unicef.org/sites/default/files/2019-05/UNICEF-Strategy-Prevent-Respond-Sexual-Exploitation-Abuse-Sexual-Harassment-January-2019.pdf>
- ix. For an in-depth detailed explanation of how to create and review a disability-inclusive code of conduct, see *RSH Inclusive Safeguarding Code of Conduct: question and answer* (2021). <https://safeguardingsupporthub.org/documents/rsh-inclusive-safeguarding>
- x. *United Nations Convention for the Rights of the Child* (Article 34) (1992). <https://cypcs.org.uk/rights/uncrc/articles/article-34/>
- xi. See the following: *Committee on the Elimination of Discrimination Against Women*. General Recommendation (GR) No. 18 (1986), GR No. 28 (2010), GR No. 33, (2015), and GR No. 35 (2017). <https://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx>
- xii. Inter-Agency Standing Committee (2019). *IASC Six Core Principles Relating to Sexual Exploitation and Abuse*. <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>
- xiii. Disability Inclusion Helpdesk Report No: 38, *Inclusive Futures*, p.6. <https://www.sddirect.org.uk/media/2059/no-39-disability-and-child-marriage.pdf>
- xiv. For more information on ‘Good Touch and Bad Touch’ sessions see: Watters, L. and Orsander, M. (2021). *Disability-inclusive child safeguarding guidelines*, chapter 6.8.
- xv. For more information on recognising signs of abuse for children with disabilities see: Watters, L. and Orsander, M. (2021). *Disability-inclusive child safeguarding guidelines*, chapter 6.5.
- xvi. For more guidance on inclusive approaches to health care see the United Nations Division for Social Policy Development and Department for Economic and Social Affairs (DESA) toolkit on *Inclusive Health Services for Persons with Disabilities*: <https://www.un.org/esa/socdev/documents/disability/Toolkit/Inclusive-Health.pdf>





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[info@ablechildafrica.org](mailto:info@ablechildafrica.org)  
[ablechildafrica.org](http://ablechildafrica.org)



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