

Rape of individuals with disability: AIDS and the folk belief of virgin cleansing

Virgin cleansing—the belief that people who have a venereal disease can rid themselves of the condition by transferring the virus through sexual intercourse, to a virgin—has been discussed previously in *The Lancet* in relation to HIV/AIDS.^{1–3} The practice is first reported in the 16th Century in relation to syphilis and gonorrhoea in Europe.⁴ Although the prevalence of virgin cleansing is unclear,^{1–3} accounts of the belief are reported from sub-Saharan Africa, Asia, Europe, and the Americas.⁵

We have identified a variation of this practice in our *Global Survey on HIV/AIDS and Disability*⁶ that warrants attention; “virgin rape” of individuals with disability, by people who believe themselves positive for HIV. Although the evidence for “virgin rape” of infants and young children has been the subject of debate,^{1–3} we have identified numerous reports of rape of individuals who are blind, deaf, physically impaired, intellectually disabled, or who have mental-health disabilities.⁶ The belief, that sex with an individual who is disabled can rid one of a sexually transmitted disease, is an old one. According to Smith,⁷ brothels in Victorian England were “stocked with intellectually disabled ‘virgins’ because it was believed that a syphilitic man could lose the infection by having sex with them.”

Individuals with disability are presumably at risk both because they are, incorrectly, often assumed to be sexually inactive, hence virgins,⁸ and because they are easy targets. Even before the AIDS crisis, women and men with disability suffered an equal, or up to three times greater, risk of stranger or acquaintance rape as their non-disabled peers.^{9–11} Many individuals with disability are physically vulnerable.⁹ Some must relegate part or all of their care to attendants, family members, or others, or live in institutions; situations in which abuse is rife worldwide.^{10,11} Additionally, some researchers argue that individuals with disability are often psychologically vulnerable. Nosek, Howland, and Hughes,¹² for example, suggest that overprotection and internalised societal expectations make women with disability more vulnerable to psychological pressure for sex and intimacy. Womendez and Schneiderman¹³ note that young disabled individuals have few opportunities to learn to set boundaries for physical contact. Studies from the UK¹⁴ report that men with intellectual disabilities who live in the community are often pressured into having sex with non-disabled men whom they meet in public toilets; participating because they are lonely and anxious to please their new “friends.”

A variation of this practice has been reported by six women with disabilities from southern Europe and North America who responded to our *Global Survey*⁶ with reports that they had slept with men from Africa and south Asia. These women believed they were in long-term relationships. In reality, the men had initiated the relationships because they assumed these disabled women were virgins, capable of ridding them of their infection. The men did not inform the women of their HIV status and abandoned them once these women began to show symptoms of the virus.

Individuals with disability are also at increased risk of “virgin rape” because of a lack of legal protection. Police, lawyers, judges, and even rape-crisis councillors often have no knowledge of how to help citizens with a disability. Officials frequently dismiss individuals with disability who report rape, assuming them to be confused or victims of a misunderstanding.⁹ In many countries, people with disability are not allowed to submit police reports, take oaths, or give testimony in court. Police stations and courts are often inaccessible, lacking sign language interpreters, ramps, and support systems for individuals with intellectual impairments, or those with mental-health disabilities.¹¹ Because of these barriers, reporting of sexual abuse by individuals with disability is infrequent, and perpetrators can expect to go unpunished.¹⁵ Low rates of reporting not only have legal implications but can mean that potential antiretroviral prophylaxis is not made available to disabled men and women.

Although no epidemiological data is available, interviews with disability advocates and service providers, as well as literature review, found reports of “virgin rape” of disabled individuals in association with HIV/AIDS in 14 of the 21 countries reviewed. Moreover, in 12 of those 14 countries from sub-Saharan Africa, south and southeast Asia, North America, and Europe, a marked increase in such rapes has been reported over the past 5 years.⁶ For example, the Down’s Syndrome Association of South Africa reports this problem as now being a serious concern among the young people with whom they work.¹⁶ In addition, field studies done in conjunction with our *Global Survey* have elicited numerous personal accounts of this practice. A wheelchair user from southern Africa, for instance, reported being raped three times within a month by men in her neighbourhood who believed themselves HIV positive.⁶ The woman interviewed stated that several disabled women in her township had experienced similar assaults.

Research is needed to ascertain how widespread the problem of “virgin rape” is among people with disabilities, and what legal, social, and medical interventions can be implemented. Training is needed for medical personnel, police, and judges to make them aware of the issue and more knowledgeable about how to serve individuals with disabilities. Additionally, educational campaigns are needed to inform individuals with disabilities and their families about the risk, and to debunk the myth of virgin cleansing within the general population.

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*Nora Ellen Groce, Reshma Trasi
Global Health Division, Yale School of Public Health, New Haven, Connecticut 06520,
USA

(e-mail: nora.groce@yale.edu)

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