



# Disability and Violence against Women and Girls

Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme

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**Intimate partner violence (IPV) is the most common form of violence experienced by women and girls worldwide. At least one in three women will experience IPV in her lifetime.<sup>1</sup> While all women are at risk of IPV, new evidence from DFID's What Works to Prevent Violence Against Women and Girls Global Programme (What Works) finds that women with disabilities are at a two to four times higher risk of IPV than women without disabilities.**



**LEFT:** Two young women from the What Works Zindagii Shoista project in Tajikistan. Photo: Aziz Sattori.

To date, efforts to prevent violence against women and girls with disabilities have been hampered by insufficient evidence, particularly from low and middle-income countries. An estimated 80% of women and girls with disabilities globally live in low and middle-income countries, where they are more likely to be poor, less educated, and at a greater societal disadvantage than men with disabilities or women without disabilities.<sup>2</sup>

To address this gap in global evidence, the What Works to Prevent Violence against Women and Girls Global Programme is conducting research to better understand the experiences, causes, and consequences of violence in the lives of women with disabilities, and how to prevent this.

*They taught us that though we are disabled, no one has the right to commit violence against us.*

Female interviewee, Ghana

## KEY FINDINGS

- In low and middle-income countries, women with disabilities are two to four times more likely to experience IPV than women without disabilities.
- Disability also increases women's risk of non-partner sexual violence.
- The risk of both IPV and non-partner sexual violence increases with the severity of disability.
- Women with disabilities experience high levels of stigma and discrimination, compounding their risk of IPV and reducing their ability to seek help.

## INTERSECTIONS OF DISABILITY, GENDER AND VIOLENCE

The relationship between disability and violence is reciprocal. Women and girls with disabilities are at increased risk of experiencing violence, while violence itself can lead to new or more severe disability. Women and girls with disabilities are exposed to a wider range of potential perpetrators than their non-disabled peers. These include people on whom they may be physically, economically, or socially dependent, including intimate partners, family members, health care providers, teachers, or personal care assistants.

They are also at risk of disability-specific forms of violence, such as verbal or emotional abuse targeting their disability, denial of care or medication or being over-medicated, being physically neglected or refused help, and being economically exploited. Women and girls with disabilities also face increased risk of violence in a wider range of settings than women without disabilities, such as institutions or group-homes and specialised health care settings.

Because they may often rely on a wide range of potential perpetrators, women and girls with disabilities are more likely to stay in abusive situations for longer periods of time and have fewer options for seeking safety.

They may experience difficulty recognising, defining, or describing abuse, and are often less likely than their peers without disabilities to be aware of, or able to access services due to barriers in physical and social environments. Even when they do report violence, women and girls with disabilities may struggle to find people who believe them or regard them as reliable witnesses. Increased difficulty in seeking help increases their risk of sustaining severe injuries from unalleviated violence.

Violence can also exacerbate a pre-existing disability or lead to a new impairment – this is especially the case for mental health conditions such as anxiety, depression, and Post Traumatic Stress Disorder (PTSD).<sup>3</sup>

### METHODOLOGY

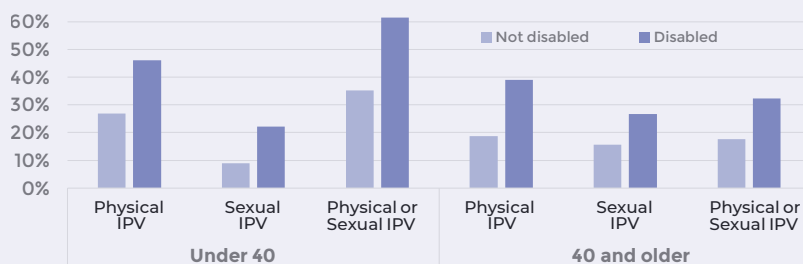
To better understand connections between disability, gender and violence in low and middle-income countries, What Works has:

- Included the Washington Group Short Set of Questions on Disability in all quantitative impact evaluations of VAWG prevention interventions across 12 countries.<sup>4</sup> These questions ask participants about levels of impairment and allow for comparison of data across projects and countries; and
- Conducted 58 in-depth qualitative interviews with women and men with disabilities participating in What Works VAWG prevention programmes in Ghana, Rwanda, South Africa, and Tajikistan.

This brief summarises topline findings from this research, including a meta-analysis of quantitative baseline data from over 4,500 women participating in What Works' interventions in six countries (Afghanistan, Bangladesh, Ghana, Nepal, South Africa, and Tajikistan).

### FINDINGS

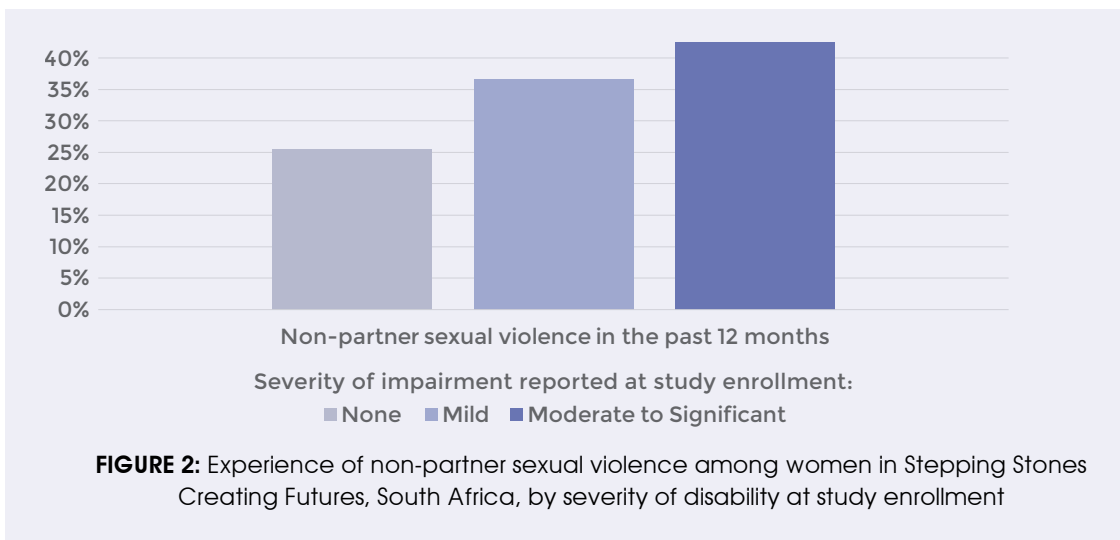
1. **In low and middle-income countries, women with disabilities are two to four times more likely to experience intimate partner violence than women without disabilities.\*** Among women under 40 years, 61.5% of women with disabilities had experienced physical or sexual IPV in the past year compared to 35.2% of women without disabilities. Among women 40 and older, 32.4% of women with disabilities compared with 17.7% of women without disabilities had experienced physical or sexual IPV.



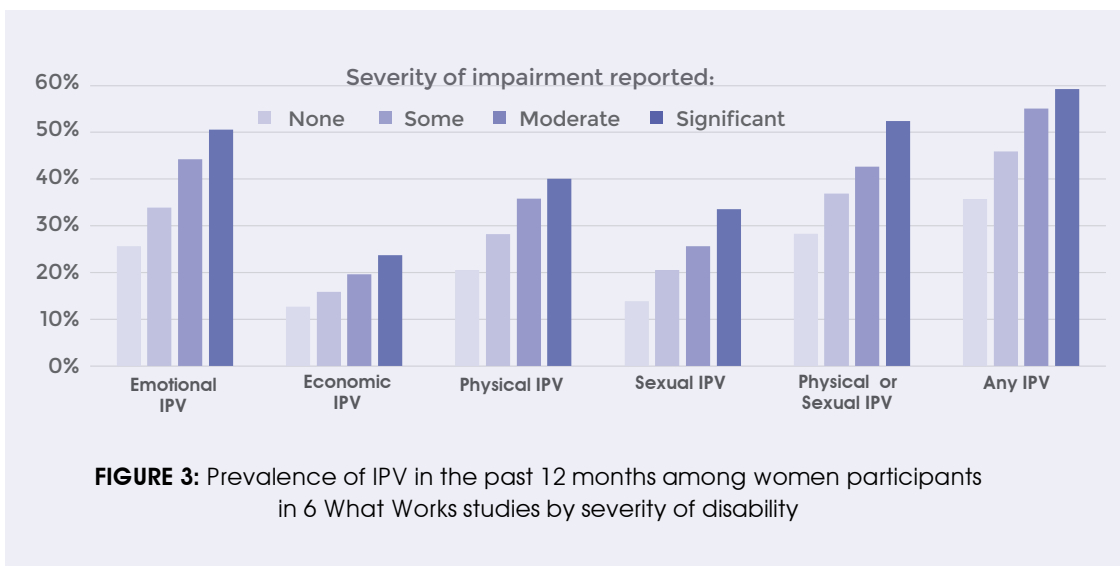
**FIGURE 1:** Prevalence of IPV in the past 12 months among women participants in 6 What Works studies by age group.

\* The analysis is based on adjusted odds ratios and has been age-adjusted to take into account the fact that reported occurrence of IPV is highest at younger ages, while reports of disability are highest in the oldest age categories.

2. **Disability increases women’s risk of non-partner sexual violence.** In What Works’ *Stepping Stones Creating Futures* project in informal settlements in South Africa,\*\* 42.7% of young women with moderate to severe impairments reported sexual violence from a man other than an intimate partner over the past 12 months, compared to 35.7% of women with mild impairments, and 25.5% of women without impairments.



3. **The risk of both IPV and non-partner sexual violence increases with the severity of disability.** The frequency of IPV increases significantly across all types of IPV with increasing severity of disability. While past year prevalence of IPV among women without any disability was around 36%, this rose to 55% for women with moderate disabilities and 59% for women with severe disabilities.



\*\* This was based on analysis of 681 women participating in the What Works Stepping Stones Creating Futures Project in informal settlements outside Durban, South Africa.

**In-depth qualitative interviews revealed the extent of stigma and discrimination experienced by people living with disabilities, which was often more pronounced for women with disabilities, compared to men. Disability-related violence compounded experiences of gender-based violence.**

Disability-related stigma and discrimination manifested as verbal abuse and exclusion from social interactions by partners, family and community members, which had significant emotional consequences:

*As for this community they insult people with their disabilities. The man I live with also insults me with my disability and it hurts me a lot.*

Female interviewee, Ghana

Women with disabilities were said to be less attractive marital partners than their male counterparts and considered unable to fulfil 'normative' or 'able-bodied' female roles:

*(My husband) does not call me by my name, he calls me lame. He calls me lame every day. I cry and feel sad.*

Female interviewee, Tajikistan

Stigma, isolation and dependency on partners for income and care made women with disabilities more vulnerable to IPV (especially emotional IPV), more likely to tolerate IPV, and less likely to report it:

*Now that she has a disability she will have it forever, she will not be able to achieve anything and she won't find a husband.*

Male interviewee, Rwanda

## CASE STUDY: Meaningful Inclusion of People with Disabilities in Indashyikirwa 'Agents of Change', Rwanda

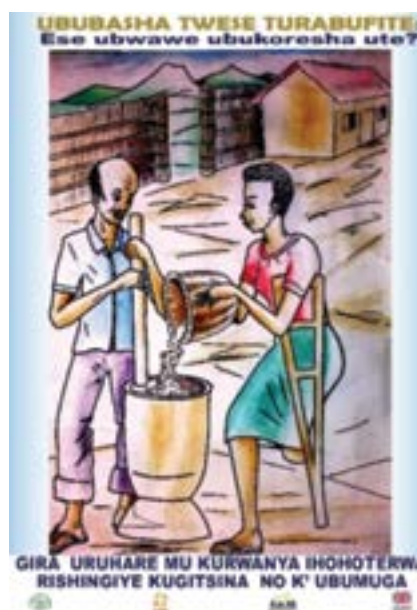
**Indashyikirwa is a four year (2014–2018) IPV prevention programme implemented by CARE Rwanda, Rwanda Women's Network, and Rwanda Men's Resource Centre across three provinces in rural Rwanda.**

The programme combines four main components:

1. couples' curriculum to support healthy, non-violent relationships,
2. community-based activism with couples,
3. training and engagement of opinion leaders, and
4. women's safe spaces for IPV survivors.

As the programme progressed, *Indashyikirwa* cultivated proactive strategies for involving people living with disabilities. These included encouraging women's safe space facilitators to conduct home visits to people living with disabilities in their communities, offering dedicated support, and encouraging people with disabilities to engage with *Indashyikirwa*.

The *Indashyikirwa* programme team partnered with the National Council of Persons with Disabilities to train all *Indashyikirwa* staff on disability inclusion. Rwanda Women's Network staff delivered a version of this training to all *Indashyikirwa* community activists and women's safe space facilitators, and to 280 community members living with disabilities. The team also developed communication materials illustrating intersections of VAWG and disability.



**ABOVE:** *Indashyikirwa* communications material. The English translation is: "We all have power. How do you use your power? Be involved in the fight against violence based on gender and disability." – DFID Rwanda, CARE Rwanda, Rwanda Women's Network and RWAMREC

## RECOMMENDATIONS AND LESSONS FROM PRACTICE

What Works research findings highlight how vital it is to ensure meaningful inclusion of women with disabilities in VAWG policy and programming. Women with disabilities are uniquely able to identify effective ways to combat violence against other women and girls with disabilities, and to identify barriers to disability-inclusive programming. Supporting and fostering the leadership of women and girls with disabilities is essential.

The findings reinforce the need to invest in expanding the evidence base on preventing violence against women and girls with disabilities in low and middle income countries. They also highlight the need for systematic disaggregation of programme data by gender and disability, to assess whether interventions are equally effective for women and girls with disabilities.

IPV and sexual violence prevention programmes must be inclusive of women with disabilities, accessible, and designed to meet their needs. Effective strategies include:

- Partnering with women-led disabled people's organisations to identify barriers to inclusion of women with disabilities, support design and implementation of disability inclusive programming, and train staff.
- Deliberate outreach, such as home visits, to enable participation of women with disabilities who are physically and/or socially isolated.
- Adapting programmes to counter barriers to accessibility (e.g. transport, communication) for people with disabilities.
- Including people with disability, particularly women, in visible leadership and training roles to help break down stigma and ensure the needs of programme participants with disabilities are met.
- Ensuring that monitoring and evaluation systems track inclusion of, and effective service delivery to, people with disabilities.

The question of whether women with disabilities can access and benefit from VAWG prevention programmes designed for the general population remains outstanding. What Works will use its qualitative research with women and men with disabilities, and the data from its impact evaluations, to help to fill this knowledge gap and set standards for disability inclusive VAWG prevention work for the future.



**LEFT:** Women engaging in handicraft activities at one of the *Indashyikirwa* safe spaces in Rwanda

*We visit people with disabilities and discuss. For example, we can tell a woman about power or domestic violence because people with disabilities don't attend the (public) discussions. There is one person I visited and she was like: 'I also have the power just like someone who doesn't have any physical disability? I use to feel so small given the way I walk! I didn't even wish to go where other are gathering. Thanks so much, I won't feel shy anymore to go where others are. It is so good to know that there are people who think about us.'*

Women's Safe Space Facilitator, Eastern Province

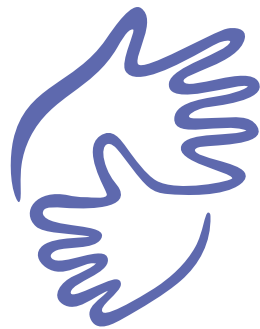
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The What Works to Prevent Violence against Women and Girls Programme is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating

evidence from rigorous primary research and evaluations of existing interventions to understanding what works to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.

