



International



DISABILITY AND GENDER-BASED VIOLENCE.

ADD INTERNATIONAL'S APPROACH.

A LEARNING PAPER.

IT'S TIME TO MAKE PROTECTING WOMEN AND GIRLS WITH A DISABILITY A GLOBAL PRIORITY.

Around one in five women worldwide is a woman with a disability. For women with disabilities, gender-based violence is often compounded by disability-based discrimination.

Women with a disability are often considered weak, worthless and in some cases subhuman by their societies - and because of that face a heightened risk of domestic and sexual violence.

Unfortunately, too many existing programmes meant to prevent gender-based violence do not take into account the unique dangers and challenges faced by women with disabilities. Without specific attention and solutions, these women have been left behind and at risk.

This has to change.

Development agencies, power holders and service providers need to build into their programmes the right protection for disabled women. It will require sustained global focus, momentum and action. But if we are serious about fulfilling the aspiration to 'leave no one behind' then it has to be done.

This paper outlines the lessons we have learned from our work to help guide a collective path forward.

A photograph of a person wearing a vibrant, patterned African garment, likely a headwrap or shawl, in shades of red, blue, and yellow. They are cooking over an open fire using a large, dark, circular metal pot. The fire is burning brightly with orange and yellow flames. The background is slightly blurred, showing more of the person's attire and the outdoor setting.

WHO WE ARE.

ADD International is a disability rights organisation. We partner with organisations of disability activists in Africa and Asia and help them access the tools, resources and support they need to build powerful movements for change.

Over the last 30 years we have supported women with disabilities to either set up their own activist organisations or to create dedicated women's departments in existing groups.

We have seen women with disabilities become stronger, more empowered and outspoken.

ADD International has both participated in, and led, initiatives to highlight the intersectional discrimination of women and girls with disabilities and highlight their high risk to violence and low visibility in programmes and services addressing the issue. Our work is guided by the UN human rights instruments and more particularly by the UN Convention on the Rights of Persons with Disabilities. Gender equality is one of the general principles of the convention and reinforced in article 6.

We commissioned this review in response to the prioritisation of gender-based violence as a sector-wide development issue. We wanted to collate insight from our gender-based violence work to inform our own practice and to support other agencies in implementing effective interventions.

NOTE ON PHOTOS.

Please note the photos in this report are not of victims of violence but female disability activists that ADD International works with. For ethical and safeguarding reasons we do not publish the photos of victims of violence.

DEFINITIONS.

Gender-based violence refers to violence that targets individuals or groups on the basis of their gender.

It is an expression of the power inequality between genders and how women and girls are perceived in their society. Gender-based violence fuels gender inequality by keeping women and girls subordinate and under the control of men.

Violence against men.

Gender is about power relations between men and women in relation to constructed male/female social identities and roles, so it follows that violence which is based on gender can potentially affect men as well as women.

There is evidence that men and boys can be harassed, beaten, raped and killed in armed conflict¹ or because they do not conform to the prevailing view of masculinity within their society.² In some cases sexual violence against men is used to punish, oppress and intimidate men because it diminishes their sense of masculinity.

Direct and Indirect violence.

The European Institute for Gender Equality (EIGE) distinguishes between two forms of violence: direct violence which includes physical, psychological, and economic violence perpetrated by individuals and often condoned or even justified by society; and indirect violence which represents a type of structural violence, characterised by the norms, attitudes and stereotypes around gender that operate within a larger societal context. Indirect violence creates and perpetuates attitudes and stereotypes that normalise violence against women.³ The UN Special Rapporteur on violence against women describes institutional or structural violence as “any form of structural inequality or institutional discrimination that maintains a woman in a subordinate position, whether physical or ideological, to other people within her family, household or community.” (Report of the Special Rapporteur on violence against women 2011).

DIRECT VIOLENCE.

physical, psychological,
and economic violence
perpetrated by
individuals.

INDIRECT VIOLENCE.

structural violence
characterised by the norms,
attitudes and stereotypes
around gender that operate
within a larger societal
context.

1. Sivakumaran, S. Sexual Violence against men in armed conflict; 2007 <http://ejil.org/pdfs/18/2/224.pdf>; <http://www.theguardian.com/society/2011/jul/17/the-rape-of-men>

2. <http://www.irinnews.org/indepthmain.aspx?InDepthId=20&ReportId=62847>

3. <http://eige.europa.eu/gender-based-violence/what-is-gender-based-violence>

INTERSECTIONALITY.

Disability has its own stigma, pervasive in every society, but in parts of Africa and Asia discrimination towards disabled people can be particularly oppressive.

In areas where research and technology aren't readily available people can't access explanations for conditions. This lack of understanding can cause misconceptions about disability with devastating consequences. Disabled people are often considered weak, worthless and in some cases subhuman by their societies. Disability-based violence is linked to this social stigma and the power imbalances between persons with and without disabilities. Some societies view disability as a curse, or a punishment from God. Consequently, persons with disabilities may be reviled or pitied, but are overall not considered as persons deserving equal rights.¹

Disability-based violence occurs in very similar forms to gender-based violence, i.e. on a physical, psychological or economic level, directly and indirectly. Abuse and discrimination of persons with disabilities by medical professionals is commonplace. What is often masked as "good intentions" are, in fact, acts of serious discrimination and violence, for example intrusive and irreversible treatments without informed consent, such as forced sterilisation and abortion. Equally, withholding appropriate treatment based on disability-related prejudice and misconceptions, for example in the context of HIV/Aids, is a form of violence by omission.²

Invisible violence.

The intersection between disability and gender-based violence is of particular concern because some forms of violence against women with disabilities have remained invisible and have not been recognised as gender-based violence due to disability discrimination.

Women with disabilities around the world experience much higher levels of physical, sexual, and psychological violence, for longer periods of time and with worse physical and mental outcome as a consequence of violence than women without disabilities.³

The main factors for the additional vulnerability of women and girls with disabilities are:

Patriarchal attitudes: Attitudes towards women in patriarchal societies combined with vulnerabilities related to the impairment itself.

Powerlessness: The perceived powerlessness of women and girls with disabilities who are less able to defend themselves or seek support because of their isolation e.g. they may be hidden away, the nature of impairment leaves them isolated, or they may not recognise that what is happening is unacceptable and not their fault.

Access to services: Their inability to access legal protection and redress because services are not accessible, because there is lack of awareness of the issues that women and girls with disabilities face in regard to their vulnerability.

1. Document on Violence against Women with Disabilities, International Network of Women with Disabilities, 2010

2. Document on Violence against Women with Disabilities, International Network of Women with Disabilities, 2010

3. Vallins, N., Walji, F. Triple Jeopardy Policy Brief, AusAID, 2013, Working Group on Violence Against Women with Disabilities, 'Forgotten Sisters', 2012

DISABILITY AND GENDER-BASED VIOLENCE. LESSONS FROM OUR WORK.

At ADD International we believe the strength of an organisation lies in part in its ability to learn from its experience and to feed this learning into improved practice.

The purpose of this review is to examine the lessons we have learned from our gender-based violence work with women and girls with disabilities. In this paper we highlight the following key expressions of violence which particularly impact women with disabilities:



SEXUAL AND PHYSICAL VIOLENCE.

1. HIGH INCIDENCE OF RAPE.

Global data on gender-based violence against women with disabilities is limited, which in itself speaks to the global inertia on this invisible crisis. The limited data available suggests higher risks for women with impairments.

The Working Group on Violence Against Women with Disabilities, 'Forgotten Sisters' (2012) cites international studies which have concluded that women with disabilities suffered an equal, or up to three times greater risk of rape, by a stranger or acquaintance, than their non-disabled peers.¹

A research study in Cambodia confirms that women with disabilities experience much higher levels of family violence. They are much more likely to be insulted, made to feel bad about themselves, belittled, intimidated, and subjected to physical and sexual violence than their non-disabled peers'.²

Sexual and physical abuse often comes from family members, carers/personal attendants, or partners on whom the women or girls with disabilities depend.³

¹ Bond Disability and Development Group (2013), Submission to the International Development Select Committee Inquiry on Violence Against Women

² Research Policy Brief: Triple Jeopardy; Violence against women with disabilities in Cambodia

³ Bond Disability and Development Group (2013), Submission to the International Development Select Committee Inquiry on Violence Against Women



ADD INTERNATIONAL'S APPROACH.

In order to mitigate the risk of sexual violence, disabled women need to have greater means of independence. In 2013 we supported disability activists in Northern Uganda to deliver a 3-year Gender-Based Violence project. The purpose of the project was to tackle the economic dependence of women with disabilities on their families and partners as both a cause and effect of violence.

Disabled women are often seen as an unproductive burden and therefore considered subhuman and almost deserving of abuse. This violence has a debilitating physical and emotional effect on women. It can render them unable to hold on to land and other assets for livelihood activities.

Increasing the economic independence of women and girls with disabilities increases their status as contributing and productive family members and reduces incidences of violence, it also gives women and girls the means to leave abusive homes and provide for themselves.

Disability activists trained girls and women with disabilities on personal safety measures, including knowing their rights and how to access legal support. Women's groups were formed for peer support and income generating training including how to set up small businesses.

Lesson: Programmes must work harder to be inclusive of all disabilities.

The evaluation of the project commended the training but was critical that most participants were women with a physical impairment. Field observations showed that women with physical disabilities dominated the training, whereas the deaf, blind and severely impaired continued to be invisible. Project designers and implementers need to consider specific categories and degrees of disability in their planning. They should check for biases in working with the easiest to reach disabled persons who can access information networks and mainstream sectors more easily.

Lesson: Addressing gender-based violence requires a long-term multi-faceted approach with the explicit involvement of husbands, family and community members.

In Uganda our partners found that excluding some family members from the training, especially the spouse of the disabled woman, tended to create tensions and increased marital frictions in some cases.

Lesson: Where appropriate, use men with advisabilities as allies and advocates.

ADD International in Cambodia has been working with disability activists to deliver a gender-based violence project that uses a 'village volunteer' model. A volunteer is appointed in each village to act as a focal point for assessments, support and advice, educating villages about women's rights and gender-based violence, supporting individual families through home visits and tailored interventions to prevent or reduce domestic violence. Activities included:

- Training village volunteers in victim support, disability rights, basic counselling and how to do referrals
- Training self help groups on domestic violence, rape and the risk of sex trafficking
- Home visits to at-risk or known abusive families to support and develop targeted interventions
- Training police officers and commune council members on Cambodian laws on protection and promotion of rights as well as 'The Committee on the Rights of Persons with Disabilities' and 'The Convention on the Elimination of all Forms of Discrimination Against Women'

The original intention was to recruit women with disabilities as the village volunteers. However, on implementation the reality was that some women with disabilities were reluctant to add to their workload and responsibilities. Women without disabilities usually work in the cities in construction or in garment factories. They leave early and return late - so very often, the only other women around the villages who could fulfil the volunteer role were grandmothers who take care of the children and cannot commit to volunteer work.

In the end, a number of disabled men filled the gap - under condition of close monitoring,

abstention from power displays, and finding a female accompaniment as soon as a woman expressed discomfort with confiding in a man.

What initially looked like a set-back may have turned into a real advantage: Data showed that a high percentage (55%) of reported domestic violence is related to alcohol abuse. In such cases, the involvement of men as focal points for supporting and advising abused women can be extended to counselling abusing men. The project considered seeking greater involvement of commune councils, male elders, and village chiefs for anger management and counselling.

Even though the project was a short-term pilot project, it has shown encouraging progress. For victims of abuse with disabilities, they understood that violence is against the law and that they have the right to make a complaint.

Lesson: Safe house provision.

Another successful aspect was the provision of safe houses to remove abused and at-risk women and girls from the endangering environment while involving family, community elders and disability leaders in the mediating processes - with the overt knowledge of the police and commune council for support and security. In Cambodia this is an integral approach to prevention and response to gender-based violence. The project developed criteria for assessing and selecting safe houses. Depending on the type of violence, the safe house could be with a supportive close relative of the victim provided that a subsequent assessment confirmed their capability to take care of the victim. Another option for safe housing could be the house in which the victim currently lives, but with additional protected measures in place.

In Bangladesh, women and girls who have been raped are also often placed at other homes, sometimes with disability leaders to ensure their safety, especially when perpetrators of the rape threaten to kill the victim (or the child born after the rape) in order to get rid of "evidence".



“ We now know our rights. If one of us is being mistreated we go and talk to the perpetrator; we are not just using what we've learnt in the training to benefit us only but we are helping others to cope with the situation also.

**Evaluation report, 2013.
'Mitigating Gender-Based Violence
against Girls and Women with
Disabilities in Northern Uganda'.**

2. VULNERABILITY TO VIOLENCE IN DAILY LIFE.

In countries with poor access to sanitation the practice of open defecation poses a particular risk for women and girls with disabilities.

Similarly, long distances to fetch water, or to and from school, exposes women and girls to the dangers of sexual violence.

Impairment-specific difficulties in recognising and avoiding danger make disabled women and girls an easy target.

Carers may leave young people with disabilities at home because they have to continue with livelihood activities and other chores, thereby leaving them unsupervised and unprotected.

Women and girls with intellectual disabilities who are often left to roam around in fields and woods are especially vulnerable to sexual assaults.

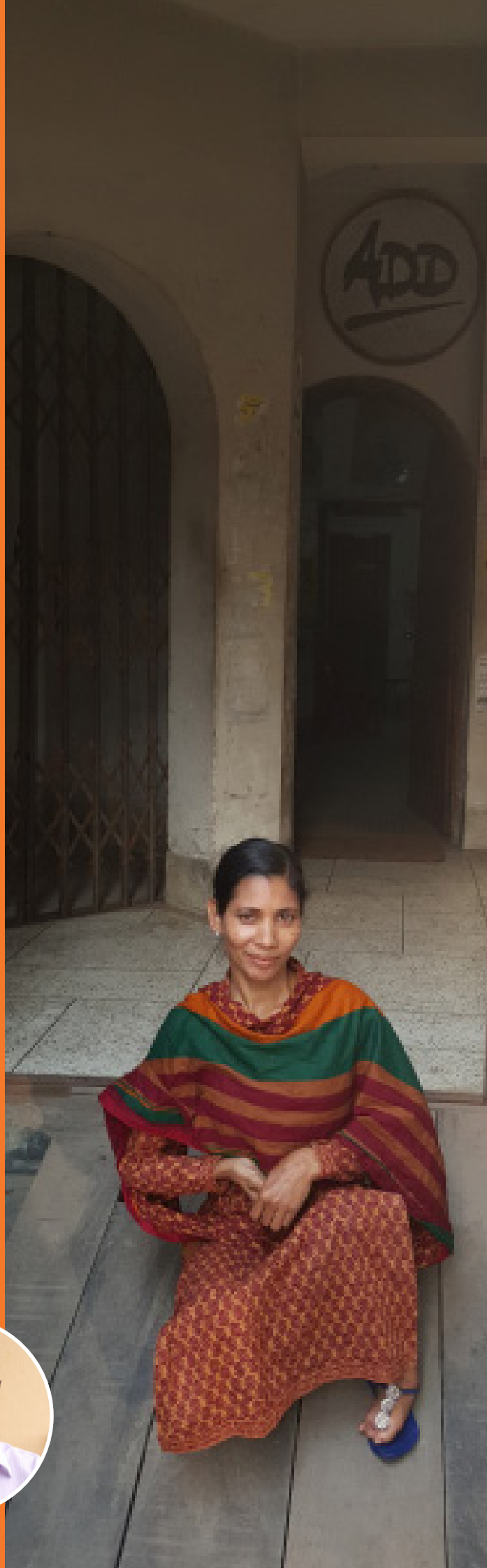
There are certainly more reports of girls and young women being abused by family members or neighbours, but there is no reason to assume that this would not potentially affect boys as well. However, boys are even less likely to report, and families less ready to talk about it due to the view on masculinity and feared allegations of homosexuality.

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Women with hearing impairments don't hear the warnings of approaching predators. Women with visual impairments don't know where to run to for protection.

I've heard stories of blind girls who unsuspectingly walk on the street and ask for directions and someone says, 'I'll help you, I'll guide you' and they are led into places where they are raped.

Joseph Walugembe.
Country Director,
ADD International Uganda.



ADD INTERNATIONAL'S APPROACH.

Lesson: Accessible environments.

Before each workshop, meeting or event our Uganda programme staff check that the environment, including toilets and washing facilities, are clean, safe and accessible; sanitary towels and condoms are offered free of charge. The economic status of most women with disabilities means they are unlikely to be able to buy condoms and are rarely in a position to advocate for their use. Free access to condoms at workshops and meetings increases their chances of negotiating safe sex as well as providing opportunities to discuss and raise awareness of sexual violence.

Our Cambodia programme has successfully lobbied local authorities to provide wells either closer to persons with disabilities' homes or built directly on their premises. This eliminates the physical burden of fetching water from distant sources and the risk of sexual assaults.

Lesson: Safe schools.

Our inclusive education work includes lobbying governments and local authorities to provide accessible and safe toilets to ensure girls are protected whilst at school. Safe transport to and from school is also an issue that requires action.

Lesson: Increasing internal capacity.

Our Bangladesh programme recently conducted a Gender Audit of Sanitation for Women and Men with Disabilities and their Households. Following the recommendations of the report, our Bangladesh team hired an external consultant to train ADD International staff on gender, which was followed by training to leaders from the disability movement and members of their organisations.

Lesson: Helping families spot dangers.

In Cambodia we have partnered with disability activists to deliver a project on 'Livelihoods for Persons with Intellectual Disabilities'. The package of work includes working with the families of young girls with disabilities to explore the risks of letting their daughters roam around unsupervised.



3. BARRIERS TO SUPPORT.

Most incidents of gender-based violence are not reported to the police. Disabled women and girls often have crushingly low self-esteem; many fear that reporting incidents of abuse might lead to them being abandoned, having their children taken away, losing financial support and care, and increased isolation.

Even when women do report violence they face considerable obstacles in accessing support and justice.

Stigma and impairment specific challenges - such as complications in identifying the perpetrator and communication difficulties - create multiple barriers to justice.

In Northern Uganda disabled women have reported having to pay fees to register cases; that police also require payment for transport, lunch and mobile airtime to arrest suspects; that disabled women are also made to pay for costs involved with collecting evidence, transporting and facilitating any witnesses. This financial burden is compounded by the frequency of appearances required in court and at police stations. Each time a survivor is called to attend, she incurs costs until the case is dismissed, collapses or is concluded.

These multiple and interconnected expressions of indirect, structural violence, further perpetuate violence against women with disabilities.



ADD INTERNATIONAL'S APPROACH.

Lesson: Mobilise public support.

In Bangladesh when a person with disabilities reports an assault to his or her self-help group, then the local disabled people's organisation and ADD International work together to bring the case to court. Often, the police respond reluctantly or not at all – in such cases we collectively mobilise the public through human chains, media campaigns and meetings with authorities to force a proper legal process and security for the survivor.

Lesson: Train power-holders, decision makers and service providers.

In Uganda, our partners trained local police, courts and service providers (such as health centres and hospitals) to increase their understanding of disabled women's rights and enhance their sensitivity to the needs of women with disabilities' such as the availability of sign language interpreters at medical and judicial services.

The police have subsequently developed a proactive approach when dealing with issues of disability. The community liaison officer is now going to the field to sensitise communities on disability, law and legal pathways.

In Uganda we also worked with albinism activists to train local police teams. In the project evaluation this work is credited with reducing violence against women with albinism. Proactive and firm police action (compared to previous passivity) is an important deterrent. Predatory members of the community are now less likely to feel that they can, with impunity, harass and abuse persons with albinism.

In Cambodia our partners trained families and commune councils to include persons with disabilities in all their programmes and activities as a means of reducing abuse, violence and exploitation. Village leaders realised they had been leaving people with disabilities behind. They committed to learning how to better support disabled people.

Other village leaders realised that they have never paid attention to gender-based violence: they thought domestic violence was a private matter that would eventually be resolved by the family. They are now aware that gender-based violence is both a family and a

community issue and that it can be dealt with using existing legal instruments.

The trainings reinforced local authorities' capacity, as they increased their knowledge on both gender-based violence and disability issues. There is now structured support from the village level, to the Commune Committee for Women and Children, to the Provincial Department of Women's Affairs, the Provincial Department of Social Affairs and the courts, in how to address gender-based violence issues.



In Uganda we undermine disabled people. We don't think they can do anything positive for the nation so they are overlooked.

They suffer a lot from domestic violence, assault, property grabbing and sexual violence.

Before ADD International's training we didn't know how to handle disabled people. We neglected them. After the training, we understood disabled people are people like the rest of us and that we should help them in the same manner. We are doing it now. When we hear a disabled person is being tortured we come in very fast. We follow the case from the beginning to the end.

We need more training of such kind in other police departments. We need disabled women and girls to know the police work for everyone, that we are ready to help them.

Richard Ojera.
Police Officer,
Uganda.



Lesson: Create cost effective legal redress.

In Uganda our partners collaborated with the police and the Gulu High court to deliver inexpensive justice to the survivors of gender-based violence. Women with disabilities had their cases heard quickly and received a judgement within four to five days, reducing the expense of pursuing justice. Hearings were also moved from upstairs court chambers to an open space that was accessible for women with a physical impairment.

Many families still preferred to avoid potentially long and arduous court proceedings and chose to resolve cases through mediation at family and clan level. However the ADD International programme team is aware that beyond our areas of intervention, the victim is often not benefiting from any form of compensation negotiated by the families.

Lesson: Pay attention to the long term emotional impact on survivors.

Legal processes can take years and a huge amount of resources to reach a verdict. While the sentencing of a perpetrator is rightfully celebrated as a success, especially when it sets an important precedent, there is no information about the emotional cost to the survivor and her family.

Similarly, in Cambodia, local authorities (the commune council or village leaders) can facilitate and make a decision to end conflicts that are not regarded as serious. The village volunteers (trained by disability activists) have gone on to play a key role in preventing and protecting abuses and violence in the community. They sent cases to the authorities to enable victims with disabilities access to legal support and services. Families sometimes choose to close rape cases after they received compensation. This is a tricky decision and may not always do justice to the survivor. Ideally, the monitoring and evaluation system would keep a close eye on longer-term consequences of both community-mediated and formal court processes to better understand the impact of either on the survivor.



4. MYTHS AROUND SEXUALITY.

In areas where research and technology aren't readily available, myths about disability can form with devastating consequences.

Persons with disabilities are often perceived as a-sexual. Many women and girls are at a higher risk of rape because of the myth that sex with a virgin will cure HIV/Aids. Women with albinism face additional risks of sexual abuse and violence from predatory males who believe sex with a person with albinism will bring wealth.

ADDINTERNATIONAL'S APPROACH.

In Uganda our work supporting disability activists with albinism has indirectly addressed the issue of gender-based violence. We've partnered with activists working with the local community, authorities and other disability organisations, to raise awareness about the prejudice people with albinism face and the increased risk of sexual and physical violence.

Lesson: Build networks.

The evaluation of our albinism project strongly recommended better liaison with Ugandan groups and networks, and national human-rights organisations (including women's and land-rights organisational networks). Persuading these groups to take up the cause of women with albinism, at risk of sexual and gender-based violence, will enhance reach and impact.

Lesson: Awareness campaigns.

Our work supporting disability activists with HIV has tackled the 'virgin cure' myth through awareness campaigns (e.g. street theatre, media campaigns) on the rights of women and girls with disabilities.



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Many people believe that if you have unprotected sex with a person with albinism then you're cured of HIV and you will get blessings or good fortune.

Rebecca Manana,
Disability activist, Uganda.

5. VULNERABILITIES IN POLITICAL CONFLICT AND WAR SITUATIONS.

In countries where there is conflict or war, violence can lead to trauma and severe psychosocial disabilities.

In Uganda women and girls with disabilities have borne the brunt of displacement, food insecurity and sexual and other forms of violence from conflict.

People with hearing impairments don't hear the warnings of approaching combatants, they don't hear where shots come from. People with visual impairments don't know where to run for protection. Women and girls with disabilities can be abandoned when people are fleeing from a crisis. Women and girls are vulnerable because rape is a weapon of war. Disability stigma and superstition has even led to people with disabilities being blamed for attracting conflict and misfortune to the community.

In Northern Uganda, many women with disabilities who were left on their own in displacement camps are unable to return home. Food insecurity and dependency on other people (usually men) for protection can force women with disabilities into sexual relationships that become abusive or exploitative, and from which they feel unable to leave.¹

1. Human Rights Watch, "as if we weren't human" – Discrimination and Violence against women with disabilities in Northern Uganda, 2010



ADD INTERNATIONAL'S APPROACH.

ADD International does not explicitly work in war zones and we have limited experience in providing support to persons with disabilities directly affected by conflict.

Our project in post-conflict Northern Uganda targeted women with disabilities stuck in camps for internally displaced people. Women were unable to return home and exposed to high risks of violence due to their dependence for financial and impairment specific support in the camps.

Our Uganda team have recently started another project, funded by the EU, on peace building and inclusion for young people. The work aims to promote peaceful co-operation between ethnic minorities and marginalised groups by using disability inclusion as a model for building respect for human rights, democracy and inclusive development.

Lesson: Work on gender-based violence in conflict areas needs a disability lens.

Development actors need to give gender-based violence explicit recognition and ensure disability specific response measures are included in peace building and conflict resolution activities.

Without careful attention and the development of appropriate indicators, there is a real risk that this matter will not be properly monitored or documented. Adding a focus on disability and gender-based violence in proposals will also highlight the issue with donors and promote greater understanding of gender-based violence in a variety of contexts.



6. VIOLENCE LINKED TO REPRODUCTIVE RIGHTS AND HEALTH SERVICES.

Many disabled women and girls lack access to information about their sexual and reproductive rights, including menstrual hygiene management.

This lack of information about rights, services and programmes makes it harder for women with disabilities to negotiate relationships and increases their risk of contracting HIV/Aids and other sexually transmitted diseases. A recent review found that women who have experienced intimate partner violence are 50% more likely to be living with HIV.¹

Myths about the sexuality of disabled women also violate their rights. People with physical or sensory impairments are deemed a-sexual. Women with intellectual or mental disabilities are seen as oversexed.² These stereotypes can lead to forced and/or coerced sterilisation to avoid pregnancies because women with disabilities are deemed incapable of being mothers³, or because the suppression of their menstruation is easier to manage for their carers.⁴

Women and girls with disabilities are often denied basic health services like immunisation, screening for chronic health conditions and medication⁵. They can also be subjected to dismissive or discriminatory behaviour by health care workers who lack the training and skills to respond and support disabled women with sensitivity. Disabled women can be treated as objects rather than human beings and are often not asked for consent regarding interventions.⁶

Problems accessing HIV/AIDS services is further compounded by decision-making processes in families. Communities still do not believe persons with some types of disability are sexually active and as a result many are left out even when outreach services are taken nearer communities.

1. UNAIDS, (2013) Report on the Global Aids Epidemic

2. Chappell, Wazakili (Editors, 2015) (Re)positioning Disabled Sexualities in the Global South, Sexuality Research and Social Policy, Johannesburg, S.Africa)

3. DDG submission to VAWG inquiry, Emma Cain, 2013

4. Frohmader,C; Ortoleva, S, The Sexual and Reproductive Rights of Women and Girls with Disabilities, Issues Paper, 2013

5. Officer, Groce (2009), Key Concepts in Disability. Global Disability. Special Issue, The Lancet. 2009.

6. Frohmader,C; Ortoleva, S. The Sexual and Reproductive Rights of Women and Girls with Disabilities, Issues Paper, 2013





ADD INTERNATIONAL'S APPROACH.

Lesson: Access to services.

In Uganda we partner with disability activists working to secure inclusive access to HIV/Aids testing, counselling and treatment. Previous reports from the Uganda programme have highlighted changes in behaviour from health workers and some modifications in targeted hospitals, e.g. adjustable beds for women with disabilities and more support during child delivery.

ADD International in Bangladesh has set up groups for adolescent girls with disabilities where they receive information about their rights, sex and reproductive health.

Lesson: Reaching the unreached: being systematically inclusive.

ADD International teams were uniformly unsure about whether their interventions were reaching the most marginalised. It is relatively 'easy' to reach out to women and girls with physical impairments, but those with a hearing impairment or psychosocial or intellectual disabilities would first need to be identified within the community and then require additional support (sign interpreters, illustrators, counsellors) that may not have been budgeted for. A more systematic approach to inclusion needs to be embedded from programme design to implementation.

Lesson: Disaggregated data.

While we have not received reports of coerced abortion or contraception through our programmes, the practice may well occur in any of the countries where we work. There is a dearth of information regarding girls with disabilities and Female Genital Mutilation (and male circumcision for boys with disabilities) and how the practice (or exclusion from the practice) affects them. Projects need to collect better data disaggregated by gender, age and impairment type at situational analysis stage. This will allow teams to develop prevention activities and budgets that can reach the unreached.

PSYCHOLOGICAL VIOLENCE.

Threats, intimidation, manipulation, humiliation and controlling behaviour are all forms of psychological violence and often accompany physical and/or sexual violence.

Women with disabilities are particularly discriminated against. Frequently considered as a burden by their families they are either rejected or hidden away, making them invisible in their communities.

Consistent exposure to insults; wilful neglect, being left isolated for long periods of time as punishment, or left unassisted for mobility or personal hygiene; and constant lack of respect throughout the life cycle can have serious effects and negative mental outcomes.

A study on gender-based violence in Cambodia found that 52.5% of participants with disabilities reported emotional abuse (compared with 35.2% of other women); 25.4% reported physical violence (11.4% for women without disabilities); and 5.7% reported sexual violence from family members (compared with 1.1% of other women). This was in addition to controlling and coercive behaviour including having to seek permission from others in the family before accessing health care.¹

Women and girls with disabilities have sexual relationships that may be entirely consensual. However, in many cases men will pursue sexual relationships with women with disabilities which they don't recognise openly, because they are ashamed to be publicly associated with women and girls with disabilities. This behaviour by men takes advantage of and further intensifies the vulnerability of women and girls with disabilities.

Even though psychological damage is less visible than a physical injury it is no less a serious violation of human rights.²

1. Research Policy Brief: Triple Jeopardy; Violence against women with disabilities in Cambodia

2. Document on Violence against Women with Disabilities, International Network of Women with Disabilities, 2010



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“[The neighbour] threatened to kill me with a gun. I reported him to the police. He was arrested and later released. He promised to pay me a sum of fifty thousand shillings which he has never paid.

He continued insulting me and abused me because he thinks I am a blind and useless woman who wants to grab his land.

Mid Term Report, My Story, My Rights, Uganda, 2015.

ADD INTERNATIONAL'S APPROACH.

Lesson: Empowerment and agency.

All ADD International's country programmes work with families and communities to address discriminatory and abusive behaviour including psychological violence towards all persons with disabilities. A lot of work has been done with women with disabilities to enable them to stand up for their rights, assert themselves and find peer support in women's groups within organisations of disability activists or by setting up women specific organisations. However, the focus of these groups has predominantly been on disabled women only, rather than on gender relations.

In Cambodia, the involvement of men with disabilities as volunteers in the gender-based violence project is breaking new ground by making use of male-to-male counselling, especially in regard to alcohol related abuse.

ADD International interventions to address abuse and discrimination acknowledge that consistent action needs to be taken to strengthen women with disabilities to become active participants in their own development. Strengthening the vulnerable position of women with disabilities can be achieved through activities around empowerment, often from the perspective of economic dependency.



Women are like the broom in the house, it's the cheapest and lowest grade household appliance. A woman's value in the family is conjunct with an object of the lowest status.

Sabina Yasmin.
Disability activist,
Bangladesh.



Many [women with disabilities] are used by men under cover of darkness and are not willing to associate with them openly. The children that come out of such relationships are denied by their parents. Such women therefore feel they have no value in society and this destroys their confidence and ability to interact.

External evaluation: Including disabled people in poverty eradication programs, Uganda, 2012



ECONOMIC VIOLENCE.

Women with disabilities are particularly exposed to economic violence, which includes being denied access to healthcare, education, financial resources and participation in economic decision-making processes.

In cultures where land rights are closely linked to productivity, women with disabilities have to fight for their land on two fronts: defending their right to land as a woman and as a person who can work the land productively. Even when a woman is successfully working the land she may still not be safe.

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Instances of women with disabilities digging, planting and harvesting, after which a man emerges to sell the produce; and when the woman complains she is beaten are rampant in Acholi land.

Evaluation report on Mitigating Gender-Based Violence against Girls and Women with Disabilities in Northern Uganda, 2013

Poverty and disability are closely linked, and social exclusion of persons with disabilities exacerbates the hardship, particularly of women and girls with disabilities.

Poverty is often connected to alcohol abuse, and women and girls with disabilities bear the fallout of alcohol related violence (the same is true for women and children without disabilities, however, disability increases their vulnerability and exposure manifold).

The low position of women in the society, especially women with disabilities, minimises their chances to pursue education and as result, deprives them of opportunities to make professional choices later. Such a situation makes women with disabilities completely dependable on their family members,



particularly their husband's family members who often exclude them from participating in family decisions or from accessing property and resources.

“ Extreme social exclusion makes women with disabilities more vulnerable to poverty, hunger shocks and violence. The poorest often consume only one meal of rice a day. They live in flimsy huts, often located in isolated spots. ADD International recently came across Kaot Srey, a disabled teenage girl in Svay Rieng province who had been left to fend for herself after the death of her mother. She was barely eating one meal a day and lived in fear of being raped by the criminals who congregated near her hut at night.

ADD International Cambodia, 2015.

ADD INTERNATIONAL'S APPROACH.

Lesson: Economic empowerment.

Our country programmes clearly make the link between poverty, economic dependence and gender-based violence and seek to address this in their projects. Economic empowerment aims not only to provide much needed income but also to augment the position of disabled women at family and community level as productive and worthy members of society.

Financial independence helps abused women escape dependency on families and/or partners. It elevates their status and changes people's attitudes and behaviour. Economic empowerment may also make gender-based violence less likely in the first place.

The Cambodian team involves families in income generation to not only support the impairment specific needs of the primary beneficiary but also to address the issues

of productivity and inclusion within the family context.

In Uganda economic empowerment was clearly identified by women with disabilities' groups as a priority. However, there is a danger to look too narrowly at livelihood as a predominant pathway to overcoming gender-based violence and great care must be taken to closely monitor the wider impact of increased financial income of disabled women. For example, it is not uncommon for the husband to pocket the money and use it as he sees fit. In fact, the level of violence can sometimes increase due to the perceived injustice that a woman with disabilities should be more successful than her (non-disabled) husband (for further reference, see paragraph on involvement of men, families and communities).

ADD International's Bangladesh programme takes care to include women and gender perspectives in baselines and situation analyses. Projects monitor quantitative indicators such as the number of women participating in training workshops or meetings as well as monitoring the qualitative component, for example, the level of active participation and contribution of women in meetings, and the extent to which women are able to make decisions about and benefit from Income Generating Activity. The team plan to develop a 3-year project on the prevention of gender-based violence taking into account the involvement of community and families and addressing economic empowerment and over-dependency on men.

“ I want employment opportunities because disabled women are more victims of torture and abuse than unimpaired women. They have fewer work opportunities than other women. They live a dependent life.

If we have employment then we will not be a burden to anyone, we will be freer to choose the way we want to live. Employment is very important for disabled women.

Minnie Akter.
Disability activist,
Bangladesh.



VIOLENCE AGAINST MEN AND BOYS.

Men with disabilities also face violence both directly and indirectly as a consequence of the power inequalities between disabled and non-disabled people.

There is growing evidence of men and boys being sexually abused and raped, especially in conflict situations, as a weapon of terror and with the aim to emasculate men and further weaken the community or group under attack.¹ There is, however, little or no attention paid to gender-based violence against men and boys with disabilities, and data in this area is not disaggregated by disability.

We can assume that such cases exist, especially in the form of psychological violence when men with disabilities' masculinity is ridiculed and their gender role as provider and protector of the family is called into question. In such cases it is probable that men will be unlikely to report such violence to avoid further shame and loss of masculinity.

1. Into the mainstream: addressing sexual violence against men and boys in conflict, briefing paper, Chris Dolan, 2014
<https://www.warchild.org.uk/sites/default/files/Into-the-Mainstream.pdf>

ADD INTERNATIONAL'S APPROACH.

More work needs to be done in this area. There are no explicit references to analyses or interventions that explore or address gender-based violence against disabled men and boys. Presumably, violence against men and boys is regarded as violence based on disability alone and less as an intersectional discrimination that includes violence relating to gender norms.



EXCLUSION FROM POWER.

Women with disabilities are less likely to be leaders or prominent decision-makers within disability movements. Women have limited influence and negotiating power.

The absence of the voices and experiences of women with disabilities not only affects organisational priorities but can also result in a gendered experience of disability, which negates or overlooks the unique barriers and risks women with disabilities face.

ADD INTERNATIONAL'S APPROACH.

Empowering women with disabilities to take charge of their own agenda is a priority across all our programmes. In all the countries where we work the representation of women with disabilities in leadership positions within organisations of disability activists is low.

Lesson: Create inclusion monitoring tools.

We developed a 'Gender Assessment Tool' as a monitoring tool to measure how our partners include gender in their projects. The tool was piloted in Uganda, finalised in Dec 2014 and is now a key element within ADD International's global Monitoring, Evaluation and Learning system. It helps us provide evidence against one of the indicators in our global logframe. It looks at policy frameworks, existing gender knowledge and skills, the level of organisational gender-consciousness, and the inclusion of gender at programmatic level.

During regular visits and meetings with partners, our Uganda team monitor how organisations of disability activists address and incorporate gender, partially through tools that have gender indicators and partially through direct discussion.

Staff also conduct a power analysis and ensure that women have the floor during meetings and workshops as much as men, or provide spaces where women can discuss issues safely.

Lesson: Create tools for systematic inclusion.

We have found that our partners want to increase their gender knowledge but lack the materials and tools to systematically embed the inclusion of gender dimensions, e.g. clear gender policies, guidelines, stickers, brochures, billboards etc to emphasise the issue internally and externally.

Lesson: Build internal capacity.

The Bangladesh programme has tested the 'Gender Assessment Tool' with disabled people's organisations (DPO) and identified gaps, which the partners are now working on. At DPO meetings and discussions gender issues are always discussed. An external consultant was hired to train ADD staff, DPO leaders and members on gender roles and responsibilities, decision-making process and power (in)balances, and factors which compound inequality and disability exclusion.

“

Before I became Chair of our group for people with albinism I was scared to talk in public, I thought people just wanted to abuse me, I could not open up easily. Now I am Chair, I can stand up and air my views. I feel I am at home. Now people look at me as somebody in the community. I've been on state TV spreading information about people with albinism. I really got happiness because from nowhere I am now somewhere.

Elizabeth Negesa.
Disability activist,
Uganda.



LEGAL FRAMEWORKS

Human Rights instruments like the UN Convention on the Rights of Persons with Disabilities (UNCRPD) protect the rights and dignity of persons with disabilities.

Article 6 requires “State Parties to 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.”

Article 15 states that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

Article 16 refers to freedom from exploitation, violence and abuse.

The UNCRPD is aligned to other international frameworks such as the Conventions on Human Rights, on the Rights of the Child, on the Elimination of Violence Against Women, against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. The Committee on the Rights of Persons with Disabilities (CRPD) in its entirety addresses the complex and intersecting factors of the vulnerability of persons with disabilities to gender-based violence.

Lesson: Using legal frameworks.

It is important to use the UNCRPD as a guiding document and reference point for programming and thereby supporting its implementation. Generally, ADD International country programmes refer to the UNCRPD in the advocacy campaigns and use the convention to raise awareness about disability rights.

Our Uganda team recently worked with other partners to implement a pilot project called ‘My Story, My Rights’. It focused on the experiences of persons with disabilities in regard to their human rights and in relation to the articles of the UNCRPD. It aimed to test the Participatory Narrative Inquiry (PNI) methodology as a human rights instrument to monitor the implementation of the CRPD.

PNI is an approach that collects narratives, i.e. raw stories of personal experiences in order to make sense of the context in which they happen.

After the stories were collected the next stage was narrative sense-making. This is a group activity and recurring themes are identified and put to discussion. The community then came up with a number of suggested solutions for each of the patterns and associated themes. It aimed to be an inclusive process, bringing together all stakeholders and giving voice to everyone. Unfortunately, neither the views of children nor persons with psycho-social or intellectual disabilities were taken into account.

During the sense-making phase the importance of recognising the intersectional discrimination of women and girls with disabilities was highlighted. The solutions that were brought forward included:

- designing projects that target women with disabilities
- training women in management, social skills, literacy and budgeting and developing women’s professional skills in alliance with local actors
- formation of local women’s Self Help Groups

While all these suggestions are very important and valid, no solution was suggested for addressing gender-based violence even though the issue came up repeatedly among both men and women. Violence was not seen as a priority or seen as a big problem which suggests that the cultural reality of abuse is so pervasive women do not feel they can challenge it. Here, culture refers to the beating of women as an expression of affection. The bride price paid by the husband’s family contains an element of ownership and right over one’s possession. Similarly, the lack of education for women in general and for girls with disabilities in particular reinforce the pattern of dependency on the partner and his family and the simultaneous exclusion from any decision making process inside and outside the family.

WHAT NEXT?

ADD International's experience has confirmed that:

- women and girls with disabilities are more vulnerable to all forms of gender-based violence;
- this vulnerability is linked to their lack of power stemming from their status as persons with disabilities in addition to their gender status;
- exclusion from services such as access to health and education, heightens the risk of all types of violence;
- social and economic exclusion mean that women and girls with disabilities are less able/likely to seek support and redress for violence they experience;
- support services for women experiencing violence tend not to be accessible to women and girls with disabilities or prove inadequate to respond to the specific needs of women and girls with disabilities; this lack of positive response reinforces a lack of self-confidence and self-respect and reinforces an internal belief that violence is acceptable;
- more needs to be known about the way gender-based violence impacts men and boys with disabilities.

Going forward ADD International commits to embedding the following programme responses:

- **Empowerment:** Supporting women and girls' empowerment to be involved in decision-making processes and to become leaders themselves is essential if women and girls are to be valued equally to men. Negative attitudes and stigma towards them are more likely to be reduced leading to reducing risks of violence. Equally measures to protect them are also more likely to be put in place;
- **Participation:** meaningful participation of women and girls with disabilities in project planning and implementation processes is necessary to fully understand the factors of violence in different contexts;
- **Inclusion:** Investment in testing approaches involving men and boys to address issues of violence;
- **Monitoring:** Systematic use of ADD International's 'Gender Assessment Tool' to support partners in becoming more gender sensitive – use of this tool is already showing signs of attitudinal changes;
- **Policy Frameworks:** In spite of the progress observed, further support is required for partners to understand the universality of the UNCRPD and its practical implications in terms of support to women and girls with disabilities.

WHAT WILL YOUR COMMITMENT BE?





Let's start a conversation today.

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