



CBM Global Enquiry

Breaking the silence: Addressing violence against women with disabilities

HOW OUR PARTNERS ARE RESPONDING TO ABUSE AGAINST
WOMEN WITH DISABILITIES IN THEIR COMMUNITIES

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Introduction

Gender-based violence is a widespread problem that has devastating impacts on millions of people, particularly women and girls across the globe.¹

However, for women and girls with disabilities, issues of gender-based violence are uniquely challenging. Not only are women and girls with disabilities more vulnerable to abuse, but in many cases, they lack access to suitable support services and face a multitude of barriers that prevent or impede their ability to report. Without taking into consideration issues of gender-based violence specifically against women and girls with disabilities, not only do we lose any hope of achieving the gender equality targets for women and girls, such as those set down in the Sustainable Development Goals,² but we also risk maintaining environments where violence against women and girls continues, and the impacts become more acute and long lasting.

Despite the high rates of gender-based violence against women and girls with disabilities, incidences often remain hidden and, as a result, there remains a lack of research investigating how non-government organisations (NGOs) are responding to this issue. To help close this knowledge gap, CBM Australia conducted an enquiry looking at the extent to which CBM Global

local implementing partner organisations (both local NGOs and Organisations of People with Disabilities (OPDs)) are (or are not) responding to issues of gender-based violence in the communities in which they work, including what is working and where more support is needed.

The idea for this enquiry came from a research project³ conducted by CBM Australia's partner, the Cameroon Baptist Convention Health Services, with support from CBM Australia, which looked at the barriers preventing women and girls with disabilities in Northwest Cameroon from reporting incidents of sexual violence and domestic abuse – from the perspective of women and girls themselves. Building on that research, this enquiry has shifted the focus to our partners, conducting interviews with 11 partners (including OPDs) across multiple countries to understand and document their experiences.⁴

The findings from this enquiry will be shared among CBM Global Country Teams, Member Teams, and partners, encouraging cross-country learning, and informing project planning.

Gender-based violence: what is it and what is the risk to women and girls with disabilities?

Gender-based violence refers to violence that is directed towards a person because of their gender, or violence that affects people of a particular gender disproportionately. It takes many forms, from physical, sexual, and mental harm or suffering to threats of violence, coercion, neglect, and deprivation of liberty. While men and boys do experience gender-based violence, the majority is directed towards women and girls, with one in three women affected by gender-based violence globally.⁵

For women and girls with disabilities however, the threat of violence is even more significant. While data on gender-based violence against women with disabilities is limited, highlighting the hidden nature of this issue, research shows that women with disabilities are up to ten times more likely to experience sexual violence than women without disabilities,⁶ and between 40 and 68 percent of women with disabilities will experience sexual violence before age eighteen.⁷

There are several factors that put women and girls with disabilities at higher risk of violence than women and girls without disabilities. These include⁸:



Stigma and discrimination towards people with disabilities.



Limited understanding of what sexual violence is – from women and girls with disabilities, as well as perpetrators and community members.



Negative cultural norms and beliefs that normalise abuse to both women and people with disabilities.



Perceptions of dependency and high care needs.

What do our partners see and hear about gender-based violence?

Although women and girls with disabilities experience the same forms of gender-based violence as women and girls without disabilities, there are instances where violence is specifically linked to their disability, making it a unique experience for them.

For our projects to advance the rights of women and girls with disabilities, we must first seek to understand these unique experiences. Below are some examples of gender-based violence that our partners have heard about or responded to in the communities in which they work.

Sexual abuse

Several partners noted hearing about or responding to reports of sexual harassment and violence against women and girls with disabilities. Women and girls who have intellectual disabilities, as well as those who are blind or deaf, were noted as particularly vulnerable to sexual harassment and violence. This is because they might not be able to hear the perpetrator approaching, be able to identify them visually, or communicate the details of the assault to authorities, support services, or their social circle.

Women who are blind get raped more often because of the difficulties of identifying the perpetrator. This is not documented but based on field experience.

– Partner representative, Nigeria.

Partners also noted that the threat of sexual violence, including rape, was a particular issue for young women with disabilities in school environments, at night, and for those who are homeless or left at home alone. Others noted how women with physical disabilities and limited mobility were raped, unable to escape the threat of their abuser.

The girl with a physical disability was left at home by her mother who was running a business at the nearby town. There was no one to take care of her and traditional houses do not have doors that can be locked. So, she would mostly be within the compound by herself. Some man who she could not identify raped her while her mother was away. Because of fear of being stigmatised because of the rape, they did not report it as a rape case.

– Partner representative, Kenya.

Physical abuse

Partners identified signs of possible physical abuse against women and girls with disabilities. One partner recalled a case where a teenage girl with a disability displayed signs of physical abuse at the hands of family members – being kept in dirty clothes with chaffed knees.

During partner interviews, the harmful practice of female genital mutilation was also mentioned. While female genital mutilation affects females with and without disabilities, hostile environments that challenge and discriminate against people with disabilities make it harder for females with disabilities to object and seek protection. A lack of consultation with these girls also means that in many cases they are unaware of the procedures that will be performed on them.

Female genital mutilation is also common and women with disabilities are defenceless because they cannot run away. Nobody consults them when they want to subject them to female genital mutilation so they are not even aware what will happen.

- OPD representative, Kenya

Emotional and psychological abuse

Not all abuse is visible. Many women and girls with disabilities experience emotional and psychological abuse – both in private and public life. Partners reported instances where women and girls with disabilities were made to feel worthless by others, including family members and partners. Women were teased about their disability and intimate relationships with women with disabilities were kept hidden from public view. Accounts like these point to the lack of understanding and awareness around disability and the rights of people with disabilities.

Digital abuse

The emergence of digital technology is increasing the vulnerability to women and girls with disabilities to digital exploitation. One partner mentioned how women and girls with disabilities are not only bullied online but groomed by predators who work to build up their trust and then exploit and abuse them. This is a new issue which CBM Global and partners should be cognisant of.

The people we work with are people in real need – they are poor - so they are really vulnerable to be preyed on by people who try and build their trust, promise things, and then take advantage of them.

- OPD representative, Laos.

Financial abuse

Women with disabilities face significant barriers to economic participation – more than women without disabilities and more than men with and without disabilities.⁹ This is the result of both tangible barriers, such as the absence of ramps, sign language interpreters, accessible toilets, within workplaces and education facilities, as well as the less tangible barriers, such as the patriarchal standards that view men as income earners and women as wives, mothers and caregivers. With less opportunities to earn a living, women and girls with disabilities face a disproportionately higher risk of poverty and deprivation, which can lead to increased rates of dependency and abuse. A common solution to help bridge this gap is to provide those in need with cash – whether it be through government social service schemes or NGO initiatives.

However, in Kenya, partners highlighted how providing cash to women with disabilities has, in some instances, actually led to incidents of financial abuse. They reported circumstances where family members were taking money that women with disabilities (who were generally older) were receiving through government schemes or programs, and then depriving these women of their basic needs.

Controlling a women's finances without consent and without concern for her own wellbeing is worrying as it can lead to a relationship of dependency, where a woman becomes reliant on her abuser for her needs and lacks the financial capacity to escape.

Programs and government initiatives that provide cash to vulnerable people need to have stringent policies and processes in place to ensure that cash is reaching and staying in the hands of those it is intended for.

Neglect and deprivation

Many of our partners reported hearing about or responding to cases of neglect, where women and girls with disabilities had been deprived of food, clean clothes, sanitary items, and access to vital health services, including reproductive health services and medication. There were also case of women and girls with disabilities having their aids taken away, limiting their independence and autonomy.

One time, the girl asked for sanitary towels because her parents were not buying them for her.

– Partner representative, Kenya.

Some women and girls with disabilities were kept indoors and denied the opportunity to form social relationships and interactions. Living in isolation can not only negatively impact their mental wellbeing, but it limits their ability to report incidents of abuse and seek help.

Medical intervention

Girls and young women with disabilities are consistently denied the ability to make independent decisions regarding their reproductive and sexual health.¹⁰ They face significantly higher rates of forced and involuntary sexual and reproductive medical treatment, including forced sterilisation, forced abortion, forced contraception, and forced hysterectomies, compared to women without disabilities.¹¹

This was an issue raised by partners who noted how women and girls, particularly with psychosocial disabilities, were prevented from menstruating because families could not manage their menstruation, or because they feared they may become pregnant. And, while the United Nation recognise that forced sterilisation of people with disabilities is an act of violence, discriminatory, cruel and inhumane, the treatment remains legal in many countries.¹²

It is also important to acknowledge that while forced sterilisation may prevent pregnancy, it does nothing to protect women and girls against sexual violence and abuse. Instead, prioritising the decision and interests of caregivers, health professionals and the judicial system over women and girls themselves highlights societal perceptions of women and girls with disabilities as incapable of making their own decisions – even when those decisions are about their own body – and incapable of raising and caring for a family.

Image: A case manager from a CBM Global supported project in Nepal talking with a woman who has experienced gender-based violence.



The perpetrators: who are they?

Gender-based violence can be perpetrated by anyone. However, insight from our partners suggest that it is most commonly committed by someone known to the woman or girl - a husband, boyfriend, uncle, even a mother – or by someone in a position of power. While this is not a new finding, **what sets perpetrators of violence against women and girls with disabilities apart from other perpetrators is the reliance women and girls with disabilities often have on the perpetrator for their basic needs**, including housing, food and water – even more than vulnerable women and girls without disabilities. Being reliant on their perpetrator only adds to the challenge of getting women and girls with disabilities to report against someone close to them or their family.

Additionally, women and girls often feel pressure from family and friends to stay silent to protect the family name. They or their family members do not want community gossip to tarnish the family's reputation, nor to break the family apart. Moreover, if committed by a person in a position of power, they often fear consequences they may face due to that person's influence over others.

How do our partners hear about gender-based violence against women and girls?

The ways in which our partners receive reports of gender-based violence against women and girls with disabilities varies, from receiving reports from family and friends, to community leaders and other organisations. Importantly, very few partners we spoke to recounted cases where a woman or girl went directly to the police as their first point of contact for reporting. Where they did, they highlighted how for these women and girls with disabilities, reporting to authorities was an uncomfortable experience.

From family, friends, and community members

Many of our partners were alerted to incidence of gender-based violence against women and girls with disabilities by concerned family members, friends, or community leaders who recognise the good work that our partners are doing.

In most cases, the family members know. In my community they will let us know because they know that is what we fight for. I have not seen survivors go to the police by themselves. When they experience challenges, they contact us for advice and moral support.

– OPD representative, Kenya

This highlights how having strong, existing relationship with community members at all levels, from individuals to community leaders, helps build trust and encourage reporting.

Because the partner already had a relationship with the mother, she reported to them.

– Partner representative, Nigeria

During community services, activities, and workshops

One partner stated that they mostly learn about cases of gender-based violence during project activities and workshops. Interestingly, they remarked that incidents are often reported to the project team anonymously, for example, via a written note explaining how someone in the village is being abused and asking how they can be helped. This highlights the importance of not only having community reporting and feedback policies and procedures in place, but ensuring they are contextualised, and that people are aware of them.

Another partner noted how they saw a suspected case of abuse against a woman with visual impairment during a home visit to distribute relief supplies. From their viewpoint, it looked like the woman was being left at home by herself, kept indoors, and not interacting with others.

Through other organisations, groups, and services

Partners often learned about incidents of gender-based violence against women and girls with disabilities through local government, including through government department social workers, as well as other Civil Society Organisations (CSO), who would contact them for guidance on case management or refer the case to them. In Nigeria for example, one partner noted how CSOs often reach out to them for technical advice on working with women with disabilities, when they have an incident involving a woman with a disability.

Again, partners having existing relationships with other stakeholders is key to ensuring that reports of gender-based violence are promptly acted upon and referred to those most competent to handle them.



Image: Young women with disabilities are consistently denied the ability to make independent decisions regarding their reproductive and sexual health.

Responding to incidents of gender-based violence: what do our partners do?

Inform women, girls, and others of their rights

Many of our partners work directly with women and girls with disabilities who have experienced gender-based violence, to empower them with knowledge about their rights and importantly, emphasise that the inflicted abuse was not their fault and that they are believed. Partners found that involving women with disabilities who have faced gender-based violence as role models in support initiatives is a powerful approach to encourage other women and girls with disabilities to come forward, report incidents, and seek assistance.

Women do not consider some cases of abuse as wrong – the society has normalised some of these practices. For example, some of the advice given to women is that even if your husband beats you, do not run away. Being beaten is acceptable so these things have been normalised. A wife is viewed as part of the children and is disciplined as the children would be. This is a misconception.

- Partner representative, Kenya

Including family members in discussions around the rights of people with disabilities is helpful given that in many circumstances, family members are A) not aware of the rights of women and girls with disabilities, and B) not supportive of women and girls with disabilities reporting for various reasons, including the stigma and discrimination associated with disability. For example, one of our partners in Bangladesh highlighted that stigma around disability means families often shy away from even talking about the fact that they have a family member with a disability – even if something bad has happened to that person. Increasing awareness among family

and community members on the rights of people with disabilities is therefore critical to reducing stigma and breaking this barrier.

While we know that increasing awareness of rights alone is not a complete response, it does lay the foundation for encouraging positive behavioural change. For this reason, some partners are engaging with (alleged and potential) perpetrators to educate them about women's and disability rights, and the legal consequences of their actions. In Bangladesh one partner recalled a case where a husband stopped abusing his wife after he found out it was a criminal activity and that he could be punished under the law.

Refer women and girls to other organisation and support services

While our partners are often chosen as the first point of contact due to their dedication to disability inclusion, they do not always have the capacity or expertise to manage the case directly. In these circumstances, our partners will refer women, girls and family members to organisations and support services that can help, such as counselling, medical centres, legal aid, the authorities, and government agencies.

Partners noted that having a clear understanding of the role of their own organisation (and knowing where their expertise stops), as well as mapping and building strong relationships with other organisations and service providers in the area, and actively engaging safeguarding, disability, or gender focused networks for example, helped facilitate the referral process.

The beauty of our work is that we don't work in isolation. We are part of networks and technical working groups.

- Partner representative, Kenya

To help ensure that the organisations and services to which cases are being referred to do not cause harm, some partners have found it beneficial to engage with other organisations and service providers by providing their staff with training in disability inclusion and advice on working with women with disabilities. While this engagement is helping increase knowledge around inclusive services, there were mixed feelings about the capacity and willingness of other organisations to actually commit to ensuring disability inclusion in their services.

When organisations are not committed to this [action plan for disability inclusion], we prioritise organisations who are.

- Partner representative, Nigeria

We trust that our partners have the competence to handle these cases, so we leave the cases to them for resolution.

- Partner representative, Kenya

For example, in a Community Mental Health project supported by CBM Global in Nepal, community psycho-social workers play a vital role in facilitating access to counselling and psycho-social support services for people with disabilities, at local government

hospital centres. The project has helped strengthen referral systems, which in turn has led to greater utilisation of these services and is helping build the skills of case managers and staff at the centre through counselling training.

Supporting women and girls through the reporting process

Reporting incidents of gender-based violence can be an overwhelming experience for many women and girls with disabilities. There are several reasons contributing to this, including the inaccessibility of information regarding where and how to report incidents and available support services. Physical barriers also pose significant challenges, hindering access to and within buildings.

A lot of times, women with disabilities are unaware that these channels are available. So, they don't report to this channel.

- Partner representative, Kenya

In the judicial system, there is a lack of accessibility. For example, I am a wheelchair user, but I can't get access to the justice system.

- OPD representative, Bangladesh

The government is taking more responsibility. There is provision of gender-based violence elimination fund in each municipality, that is now actively utilised. Before it was hardly used and there wasn't much coordination regarding, for example, transportation to get people to hospitals/counselling. This is the difference I see, but not across all municipalities. Nowadays gender-based violence issues have been one of the main agenda points during the planning process to be held at the local government units.

- Partner representative, Nepal

For a woman without a disability, anybody can call a helpline. But for a woman with a disability who can't speak or does not have access to a phone, they won't have this information about what to do, and they also don't know how to report.

- OPD representative, Bangladesh

When women and girls with disabilities do report they are often not believed and their case not investigated properly. This not only makes reporting an uncomfortable experience, but it reduces the likelihood that they, or other women and girls with disabilities, will report through the justice system.

Because our culture does not value women and girls with disabilities very much, they tend to compromise the investigations.

- OPD representative, Kenya

To help women and girls through the reporting process, a number of CBM Global partners provide various types of support - from access to counselling and support networks, to helping them navigate their way through the justice system, including where to go, who to speak to, and ensuring their statements were being recorded

accurately. This is important because as one partner noted, prosecuting a case of abuse is not the same as prosecuting a case of sexual violence.

We take the survivors to the police station to see how they are writing their statement. Mostly, the survivors with disabilities don't know how to express themselves, so we ensure that they provide the correct information and offer counselling.

- OPD representative, Kenya

Partners also helped push for reasonable accommodation, such as sign language interpreters, in courts and at police stations.

A few partners noted engaging in direct action to investigate incidents of gender-based violence in the community not related to project activities. In one instance, the partner explained how, when a case of gender-based violence is suspected, a team including the safeguarding focal person, will visit the community and assess the situation further.

For partners taking this type of action, it is crucial they take a 'do no harm approach' and understand and comply with relevant safeguarding policies and procedures designed to protect vulnerable adults and children.

There is also a challenge of language barrier because there is a lack of sign language interpreters at police stations, so when the police are recording the statement, they do not capture the statement accurately and record something different from what the survivor was reporting.

- OPD representative, Kenya

Provide counselling and psychosocial support

Incidents of gender-based violence can have serious, short- and long-term impacts on the physical and mental wellbeing of women and girls. To help women and girls to manage the trauma associated with incidents of gender-based violence, many partners are supporting women and girls, as well as family members, with access to counselling and psychosocial support.

Family members don't often take the issues of people with disabilities seriously. This is why we focus on the family members, otherwise the problems won't come out. We focus on family counselling and ensuring that people know about the referral process.

- Partner representative, Nepal

One of our partners in Kenya explained how they engage health workers and chiefs during community forums to promote the normalisation of counselling for couples, and to prevent the accumulation of stress. Counselling services are provided by religious leaders and at health centres, through which clients are encouraged to disclose any instances of abuse or violence and identify underlying factors contributing to it, such as mental health issues, so that it can be addressed. They prioritise and value building strong and trusting relationships with their clients through counselling over insisting they first make a formal statement.

In our organisation, we are involved in creating awareness and helping survivors through the trauma, offering counselling.

- OPD representative, Kenya



Reporting: is it safe?

Overwhelmingly, partners noted how women, girls and others do not feel safe to report. This is especially evident in instances where the perpetrator is known to the women, girl, or family.

Sometimes the leaders and carers are part of the abuser's circle, so the survivors do not have the confidence to report the cases or fully disclose.

- Partner representative, Kenya

In these circumstances, partners may also be faced with the added challenge of pressure from family members to settle the case outside the court. For example, we heard how some women or girls are choosing (or being pressured) to deal with the incident as a family issue at home to protect the perpetrator - their father, their husband, their brother, their uncle.

There was a case where a father was physically abusing his daughter with the disability... neither anyone in the family or other survivors reported this issue to us. We only heard about this through the neighbours – because in the house there is an atmosphere of fear.

- OPD representative, Laos

We tried to reach out to family members, but the family members didn't cooperate with us at all, and tried to actively avoid us, in fact they threatened us and just told us that we needed to back off.

- OPD representative, Laos

Lack of security for whistle-blowers can also deter women, girls, and others from reporting. Women, girls, and others may fear that the perpetrator, family, or community will hold a grudge or threaten them if they were to take action. And this has certainly been the experience for some of our partner staff who have acted on a suspected case of gender-based violence.

Finally, there is also the real possibility that reporting incidents of gender-based violence could in fact put the women or girl at greater risk, due to the stigma and discrimination attached to certain acts of abuse. For example, in some contexts, giving birth out of wedlock, even if that pregnancy was the result of abuse, is considered worse than the abuse itself. In such circumstances, the woman may choose to marry the perpetrator instead of reporting the incident of sexual assault.

These highlight the need for CBM Global to work closely with our partners to understand the environment they are working in (the social norms and expectations) and to have policies and procedures in place (and followed) that will help mitigate against any risk associated with reporting – for both those that have experienced the abuse and for those that report and follow up.

Image opposite: In Nepal, case managers from projects supported by CBM Global play an important role in supporting women with disabilities who have experienced gender-based violence.

Barriers to reporting incidents of violence

CBM Global partners found several factors that prevent and discourage women and girls with disabilities from reporting incidents of abuse and violence. These include:



Not understanding what gender-based violence and abuse is.



Fear: of being blamed, not believed, or having to relive the trauma.



Pressure from family members and/or to protect the family reputation.



Cost: cannot afford to travel to the city to report, or have the case heard in court.



Not having the correct documents needed to report.



Lack of faith in the judicial system.



Feeling like it is their only opportunity for sexual intimacy.



Risk of becoming more vulnerable to further harm (social exclusion, discrimination, embarrassment, further abuse).



Depending on the perpetrator for food, shelter, money etc or believing them when they say they will stop. Some women and girls are prevented from leaving their house.



Not being aware of where and how to report or access support – both through formal judicial systems and support services. Information, buildings, and services are not accessible.

What preventative measure are our partners taking?

Raising awareness

Raising awareness around women's rights and the rights of people with disabilities, including sexual and reproductive health rights, among women and girls with disabilities, family members and the broader community is seen as the first step in preventing incidents of gender-based violence among partners.

Firstly, it starts from the family. The family are not aware of the rights of people with disability. There is also a huge lack of knowledge about sexual and reproductive health rights and sex education - particularly amongst men... There is no sex education discussion, and there is no gender discussion about male and female rights and women's empowerment, let alone women with disabilities rights.

- OPD representative, Bangladesh

To enhance understanding of what is right or wrong, or acceptable or not acceptable behaviour, CBM Global partners use a range of methods, from training and supporting self-help groups, OPDs, and community workers to advocate for rights, to implementing awareness raising and sensitisation activities, targeting schools, women's groups, and members of the judicial system.

People don't know whether violence is acceptable.

- Partner representative, Nepal

In addition to knowing about rights, partners are also helping inform community members about local services that can support women and girls with disabilities who are at risk or who have experienced incidents of gender-based violence. This process is helped by good mapping of service providers by partners.

Promoting economic independence through livelihoods

Women and girls with disabilities living in poverty are at greater risk of gender-based violence. Their lack of access to paid employment and resources limits their ability to escape violent situations. Like in many of our project, our partner in Bangladesh is implementing activities that empower and support women to become more economically productive. Their work in livelihoods is supporting women with disabilities to start small businesses, such as small shops or animal rearing, as well as linking women with disabilities to employment opportunities. When coupled with improving access to support services and increasing awareness of disability and women's rights, livelihoods projects can have significant impact.

What the teams are finding is that violence against women is reducing in communities when women with disabilities are becoming more economically productive and so that is why this project has an economic development component to it that is focused on women.

- OPD representative, Bangladesh

Other community responses: what is being done and how we can influence it

Understanding the efforts undertaken by others in the community to prevent and address gender-based violence will help our partners a) identify existing gaps in local initiative that they, with the support of CBM Global, could potentially fill, and b) recognise successful practices employed by others that they, with the support of CBM Global, could potentially leverage for greater impact.

Most of our partners acknowledged and were aware of the work others were doing in their community to support women and girls who have experienced gender-based violence. These initiatives encompassed a range of activities, such as awareness raising and support services provided by hospitals, community groups, local government, CSOs, and other NGOs. However, their capacity to respond varied, and was often seen to be limited and rarely accessible for people with disabilities.

Safe spaces are usually mostly for women without disabilities. Safe spaces are not accessible. I haven't come across a safe space with a ramp or one where a blind person can access.

- Partner representative, Kenya

We also have other organisations that work against sexual and gender-based violence and which come in handy in support for survivors. Some offer shelter for children who have been defiled. The challenge with the shelters however is that though they have been set up to offer shelter to women and girls, they are not accessible by women and girls with disabilities.

- OPD representative, Kenya

In Laos, for instance, our partner explained how the government has set up initiatives focussing on, for example, women's issues or ethnic minorities. They noted however, that these initiatives are rarely alert to the needs of people with disabilities, and thus, fail to report on incidents of gender-based violence against women and girls with disabilities. To help improve this outcome, our partner has been working with one of these government initiatives focusing on women, to help ensure their governance, programs, policies and approaches are inclusive for people with disabilities.

We know that the women's organisation has support services to respond to, for example, issues of violence. But the issue is that the support systems are not accessible to all people with disabilities. There's been situations where women with disabilities have come to seek support in a [government] care centre and then the support is not accessible, or it is not meeting their disability needs. And then the care centre says, "that it is too difficult for them to be equally treated.

- OPD representative, Laos

Ensuring support services are accessible is important because knowing where and how to report and access services can be difficult – even for our partners who have experience in navigating support services through government systems.

There is a member of our organisation who experienced violence. We tried to link her with a government support service... yet when we started the process, it was so complicated... So, now imagine a case where a woman in a poor community with no phone or support... you can't just say "okay you can call this helpline number" ... So yes, you can say there is support services, but in reality, they are not accessible.

- OPD representative, Laos

Our partners need to be supported to build and strengthen relationships with other organisations and service providers so that they can influence them to be more disability inclusive. This could include providing training on disability inclusion, conducting audits on building and service accessibility, or showcasing effective working models that could be scaled up or rolled out in other areas.

In Kenya, one partner also highlighted the important role played by village elders and chiefs in ensuring that issue of gender-based violence, particularly in terms of the prosecution of perpetrators, is taken seriously and not dismissed as an issue to be dealt with at home.

Our community structure is made up of elders. They are critical in community-based processes. We have talked to them, and they are no longer supportive of home settlements of gender-based violence cases, especially sexual violence cases.

- OPD representative, Kenya

They also noted how the support of OPDs can strengthen the voice of women and girls with disabilities that have experienced gender-based violence, enabling their issues and concerns to be heard. OPDs bring vital contextual understanding and expertise which can be used to support women and girls with disabilities that have experienced gender-based violence.

OPDs come in handy when it comes to support. Where there are OPDs, especially those that work with women, even perpetrators tend to shy away. For example, after we prosecuted two men, cases have drastically reduced in our community because they see that women and girls with disabilities have organisations that speak for them.

- OPD representative, Kenya

Not only this, OPDs and other self-help groups also provide women and girls with disabilities with social networks that they can use for emotional support.

Strengthening partnerships between NGO partners and OPDs is a key focus of CBM Global. Our NGO partners should therefore continue working with and building strong relationships with disability support and advocacy groups, whilst also striving to 'bring on side' other influential people whose support would help contribute to advancing the disability movement. This process could be strengthened by sharing lessons learned and good practice approaches to influence with Country Teams and partners.

Good approaches to supporting women and girls with disabilities in our projects

Improving community awareness of women's rights and the rights of people with disabilities, including sexual and reproductive health rights, free from stigma and stereotypes, helps lay the foundation for positive behaviour change - among perpetrators (potential, alleged and convicted), family and friends, and women and girls themselves. Given that men are the main perpetrators, the focus should be on looking for avenues to educate men, in addition to women and girls.

Providing regular training to partner staff on disability and gender inclusion, helps ensure women and girls with disabilities can participate in and benefit from project activities.

Establishing a positive reputation in the community as an organisation dedicated to promoting the rights of people with disabilities, particularly women and girls, encourages women and girls with disabilities, as well as family, community members and other organisations to feel more comfortable and confident in seeking project support.

Mapping and building strong relationships with other stakeholders improves referral processes, while supporting partners to deliver Disability Inclusion training to these organisations and services helps ensure that women and girls with disabilities can actually access their services.

Implementing a strong safeguarding framework, including policies and procedures, and having a clear and appropriate community-based complaints and feedback mechanisms helps protect project participants, including children, and ensure issues are recorded and addressed promptly and effectively.

Providing regular training to partner staff on the organisations safeguarding framework and reporting mechanisms, as well as on identifying signs of gender-based violence, safeguarding risks and mitigation strategies is essential for protecting those who seek support.

Working with OPDs and others support groups, and including women with disabilities who have experienced gender-based violence, is an effective way to encourage women and girls with disabilities to engage and seek support. It also helps ensure the right people benefit from the project.

Engaging with community members - they have a lot of information. Let them know what you are doing and let them be involved.

Improving economic productivity of women and girls with disabilities, coupled with awareness raising on the rights of women and disability rights, can help reduce incidents of gender-based violence.

Final thoughts and recommendations

Gender-based violence against women and girls with disabilities is a pressing issue that requires ongoing attention and action. Our partners highlighted some good strategies they have taken to address gender-based violence against women and girls with disabilities in the communities that they work. These included responsive measures, such as supporting women, girls, and family members to know their rights, to access to support services, to report their case to the authorities, and with counselling and psychosocial support. These processes were made easier and more effective by mapping and building strong relationships with other local organisations and support services. They also highlighted their preventative approaches, including increasing community awareness of disability and women's rights and helping women be more financially secure and independent through access to livelihoods.

However, most partners acknowledged that these efforts do not stretch far enough and that more needs to be done to protect women and girls with disabilities experiencing or vulnerable to gender-based violence.

To help leverage the good work of CBM Global partners, the following recommendations are put forward to further strengthen CBM Global and its partners approach to safeguarding and prevention of sexual exploitation, abuse (PSEA):

Recommendations to CBM Global

- Strengthen the capacity of CBM Global Country Teams to enable them to support partners to develop and implement safeguarding and frameworks to prevent sexual exploitation, abuse and harassment (PSEAH), as outlined in the CBM Global Safeguarding and PSEAH policies. This should include strategies to identify and mitigate against the risk of online abuse.
- Support partners to attend relevant international learning events and conferences focused on safeguarding and PSEAH as appropriate (depending on partners' mandate and scope of CBM Global funding to the partner).
- Develop resources and capacity for partners to follow up on gender-based violence cases and training for service providers.

Image: Improving community awareness of the rights of women with disabilities, free from stigma and stereotypes, helps lay the foundation for positive behaviour change.



Recommendations for CBM Global programming

- Ensure safeguarding and PSEAH activities and risks are appropriately identified and budgeted for in project designs, including:
 - reasonable accommodation, such as transport for survivors of gender-based violence, as well as witnesses and family members to attend court
 - legal costs associated with pursuing cases of gender-based violence
 - partner safeguarding action plans
 - community-based complaints and feedback mechanisms
 - training on Disability Inclusion for other organisations and services in referral networks
- Strategies to identify and mitigate against the risk of online abuse and financial abuse in cash programming
- Strengthen partner staff understanding and capacity to appropriately implement their safeguarding and PSEAH frameworks, including training on:
 - working with people with disabilities, especially people with psychosocial disabilities, for project staff, particularly frontline workers
 - gender equality
 - understanding the legal system
 - safeguarding
 - PSEAH
- Support partners to develop context specific action plans for the implementation of partners safeguarding and PSEAH policies including, but not limited to:
 - mapping and establishing appropriate referral pathways (ensuring these are accessible)
 - establishing clear and accessible reporting mechanisms appropriate to the context (might differ from project to project)
 - identifying activity level and community level SEAH risks and mitigation strategies (ensuring these are budgeted for)
- Develop resources for Country Teams and partners to showcase lessons learned and good practice approaches to gender-based violence and disability inclusion in our programs.

Recommendations to CBM Global partners

- Implement context specific safeguarding and PSEAH action plans, including community-based complaints and feedback mechanisms and strategies to identify and mitigate against the risk of online abuse and financial abuse in cash programming, where appropriate.
- Map and provide training for other organisation and service providers in referral networks on Disability Inclusion, where appropriate and necessary.

Appendix

Method

To document the experiences of project partners, the enquiry took a qualitative approach. Data was collected through semi-structured interviews with CBM Global project partners that were identified as having some experience in responding to abuse against women and/or girls. Interviews were conducted face-to-face or virtually, based on the locality of interview participants. In some interviews, a representative/s from CBM Australia was present to help guide the direction of the interview, while others were led by a member of a CBM Global Country Team, without CBM Australia's input. Interviews were conducted using a set of guiding questions that were developed in line with the enquiry objective.

11 partners across six countries (Bangladesh, Indonesia, Kenya, Laos, Nepal, and Nigeria) engaged in CBM Global international development programs were interviewed. The enquiry did not investigate the situation of gender-based violence against women with disabilities in CBM Global humanitarian response programs.

Endnotes

- 1 (World Bank 2019)
- 2 (United Nations n.d.)
- 3 (Cameroon Baptist Convention Health Services & CBM Australia 2022)
- 4 See Method
- 5 (World Bank 2019)
- 6 (Koistinen, et al. 2019)
- 7 (UNFPA 2018, 50)
- 8 (Cameroon Baptist Convention Health Services & CBM Australia 2022)
- 9 (Braunmiller and Dry 2022)
- 10 (United Nations General Assembly 2017, 4)
- 11 (United Nations General Assembly 2017, 11)
- 12 (United Nations General Assembly 2017, 11)

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