

# Breaking the silence: Addressing violence against women with disabilities

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

## Overview

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

To better understand the impact of gender-based violence on women and girls with disabilities, CBM Australia conducted an enquiry looking at the extent to which CBM Global local implementing partner organisations, both local non-government organisations (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.

CBM conducted interviews with 11 partners across multiple countries to understand and document their experiences.<sup>2</sup> This is what we found.



Image: Advocating for the rights of women and girls with disabilities is a focus of CBM Global partners in Lao.

## Types of gender-based violence our partners see and hear about

### Sexual abuse

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.

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.

### Physical abuse

Partners identified signs of possible physical abuse against women and girls with disabilities, such as being kept in dirty clothes with chaffed knees.

Female genital mutilation was also mentioned. While this issue affects women and girls 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.

### Emotional and psychological abuse

Not all abuse is visible. Many women and girls with disabilities experience emotional and psychological abuse.

Partners noted how women and girls with disabilities were made to feel worthless by others by being teased and kept hidden from public view.

### Digital abuse

One partner noted 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.

## **Financial abuse**

Women with disabilities face significant barriers to economic participation. These include 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.

As a result, women and girls with disabilities have less opportunities to earn a living and may become dependent on others, increasing their risk of violence and abuse.

A common solution to help bridge this gap is to provide those in need with cash. However, providing cash to women with disabilities has, in some instances, led to incidents of financial abuse. 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.

## **Neglect and deprivation**

Many of our partners reported hearing about or responding to cases of neglect, where women and girls with disabilities were deprived of food, clean clothes, sanitary items, and access to vital health services, including reproductive health services and medication. There were also reports of women and girls having their aids taken away, limiting their independence and autonomy, or being kept indoors and denied the opportunity to form social relationships and interactions.

## **Medical intervention**

Girls and young women with disabilities are consistently denied the ability to make independent decisions regarding their reproductive and sexual health. They face 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.

Partners noted how women and girls with disabilities were prevented from menstruating because their family felt they were unable to manage their menstruation, or because they feared they may become pregnant.

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

Our partners receive reports of gender-based violence against women and girls with disabilities through numerous means, including:

- **From family, friends, and community members who recognise the good work our partners are doing.**
- **Through other organisations, groups, and services** who contact them for guidance on case management or refer the case to them.
- **During community services, activities, and workshops where** incidents are usually reported to the project team anonymously, for example, via a written note.

Importantly, very few partners we spoke to recounted cases where a woman or girl with a disability went directly to the police as their first point of contact for reporting. Where they did, they highlighted how for these women and girls, reporting to authorities was an uncomfortable experience.

## How do our partners respond to incidents of gender-based violence?

- Inform women, girls, family and community members, and perpetrators (alleged and potential) of the rights of women and people with disabilities.
- Provide counselling and psychosocial support – to women and girls with disabilities, as well as their family members.
- Refer women and girls to other organisations and support services - such as counselling, medical centres, legal aid, the authorities, and government agencies. Many of our partners also work with these organisations and service providers by providing training on disability inclusion and advice on working with women with disabilities.
- Support women and girls through the reporting process - from access to support networks, to helping them navigate their way through the justice system, including where to go, who to speak to, and ensuring their statements are being recorded accurately. Partners also helped push for reasonable accommodation, such as sign language interpreters, in courts and at police stations.

## Is it safe to report?

Overwhelmingly, partners noted how women, girls and others do not feel safe to report. Reasons include:

- Pressure from family members to stay quiet to protect themselves, their family reputation, or the perpetrator.
- Lack of security for whistle-blowers putting those who report at risk of harm.
- Potential to lead to more stigma and discrimination.

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



## Barriers preventing women and girls with disabilities from reporting



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 around women's rights and the rights of people with disabilities and what support services are available among women and girls with disabilities, as well as family and community members.
- Empowering and supporting women with disabilities to become more economically independent through access to livelihoods support, reducing their dependence on others and increasing their ability to escape violent/abusive situations.

## 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 helps lay the foundation for positive behaviour change. 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 people to seek project support.

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

- **Having a clear understanding our partners organisation's roles, responsibilities, area of expertise and limitations** helps ensure their response is based on experience and within their capacity. Partners need to understand this too.
- **Mapping and building strong relationships** with other stakeholders improve referral processes. Supporting partners to deliver Disability Inclusion training to these organisations and services help ensure accessibility.
- **Implementing strong safeguarding framework and community-based complaints and feedback mechanisms, and providing training on these**, helps protect project participants, and ensure issues are recorded and addressed promptly and effectively.
- **Working with OPDs and others support groups, and including women with disabilities who have experienced gender-based violence**, is an effective way to encourage reporting and to seek support.
- **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 with disabilities can help their vulnerability to gender-based violence.



## 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.

## 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.

## Endnotes

- 1 (World Bank 2019)
- 2 See Method.



CBM Australia is a member of the CBM Global Disability Inclusion Federation.



CBM acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP)