Gender-based violence (GBV), experienced by at least one in three women worldwide,¹ has been shown to increase during conflict and displacement.¹ Women and girls with disabilities face even greater risk of GBV in humanitarian settings because they are often less able to protect themselves, more dependent on others, and less visible.³, iv Caregivers of people with disabilities, most of whom are women and girls, may also be at greater risk as their responsibilities limit their engagement in employment and educational opportunities, contributing to their social isolation and dependency on others. Research shows that women and girls with disabilities face specific challenges in accessing GBV programming in humanitarian settings: programs may not be designed to foster the inclusion of women and girls with disabilities, practically or socially; and health, psychosocial and other service providers may not be equipped to handle the particular needs of survivors with disabilities.², iv GBV practitioners operating in humanitarian contexts are increasingly aware of the heightened risks of violence faced by women and girls with disabilities and recognize the need to improve the accessibility and appropriateness of their programs. To date, however, there have been no evaluations of strategies to improve prevention of and response to GBV for women and girls with disabilities in humanitarian settings, and no documentation of positive practices or programmatic guidance to assist field practitioners.

From 2013–2015, the International Rescue Committee (IRC) and Women’s Refugee Commission (WRC) conducted and evaluated a project that aimed to improve GBV programming for women and girls with disabilities in displaced communities in Burundi, Ethiopia, Jordan, and the Northern Caucasus of the Russian Federation. Activities and tools were designed based on inputs from people with disabilities and other stakeholders; then a participatory evaluation was conducted to determine the impact of these activities and tools on the effective inclusion of women and girls with disabilities in GBV programming across the four countries.
The capacity of gender-based violence practitioners to effectively serve women and girls with disabilities and caregivers improved. Service providers reported that the chance to work directly with women and girls with disabilities broke down stereotypes, and taught them that women and girls with disabilities require many of the same supports as all survivors of violence. While the providers learned new techniques to adapt their approaches, they also discovered that they could apply many of their pre-existing skills and training to effectively serve women and girls with disabilities.

More gender-based violence activities were tailored to meet the needs of women and girls with disabilities. Participants reported that home visits and home-based activities conducted by GBV staff as part of the project were effective in ensuring that women and girls with disabilities with mobility challenges, and their caregivers, received services and were able to participate in activities. Case management practices were also effectively adapted to better serve this population, including through improved communication skills.

Women and girls with disabilities and caregivers strengthened their social support networks. Participants reported that the various support groups and social, recreational and networking activities that were part of the project allowed them to develop relationships with other women and girls with disabilities and caregivers, as well as other community members. This fostered mutual respect and trust, improved their sense of safety, and raised their profile in the community as equal members of society.

ASSESSMENT, IMPLEMENTATION, EVALUATION

All of the displaced communities where the project took place had ongoing GBV programming run by IRC’s Women’s Protection and Empowerment staff. The project was conducted in three phases. The aim of the assessment phase was to identify barriers to disabled women’s and girls’ access to gender-based violence programming (see box below), and to gather suggestions for adapting outreach activities and response services to better include and serve women and girls with disabilities. Two hundred and twenty-one people

Barriers to access to GBV programming for women and girls with disabilities

» Negative attitudes and discrimination by service providers, including not being believed when disclosing violence
» Negative attitudes and discrimination by community members, including exclusion from group activities and community discussions
» Communication barriers, especially for people with intellectual disabilities or who are deaf
» Limited mobility, contributing to social isolation and difficulty in getting to services and activities
with disabilities (126 female, 95 male) and 113 caregivers (76 female, 36 male) participated, a quarter of whom were under 24 years old. Interviews, group discussions and planning workshops were also held with stakeholders from NGOs, humanitarian agencies and disabled people’s organizations.

The assessments were used to design project activities to improve disability inclusion in GBV programs in the displaced communities in each country. Each site developed its own activities, a sampling of which are listed in the box below. At the same time, the WRC and IRC delivered training and developed tools to improve the capacity of GBV practitioners to work with women and girls with disabilities, and their caregivers, and to adapt their programs (including case management practices) to better serve this population. Tools included guidelines on conducting group discussions, interviews, and home visits with people with disabilities, and tools for improving communication, case management, consent processes and evaluating programs, among others. The project activities and tools were piloted for a 12-month period in each site.

Activities piloted

» Informal support and social activities for women and girls with disabilities and caregivers
» Targeted recruitment of women with disabilities in Village Savings and Loan Associations (VSLAs)
» Home visits to people with disabilities and caregivers, including to disseminate GBV information
» Community-awareness raising on the rights of people with disabilities
» Recruitment of women and girls with disabilities as community mobilizers and volunteers
» Physical adaptations to community centers and women’s safe spaces
OUTCOMES

The capacity of gender-based violence program staff to address the needs of women and girls with disabilities improved. IRC GBV practitioners reported significant changes in their attitudes and approaches towards working with women and girls with disabilities, especially in Burundi, Ethiopia and the Northern Caucasus. Practitioners reported that before the project, they had assumed people with disabilities were incapable of participating in GBV prevention activities because of their impairments. Their experience on the project, however, helped them realize that people with disabilities have skills and capacities that support their active participation in a variety of activities. Practitioners also shared that while they previously saw themselves as unqualified to effectively address the needs of survivors with disabilities because of their impairment or medical condition, the project showed them that women and girls with disabilities often require the same supports following experiences of violence, and that providers’ existing capacity and skillsets were sufficient to help survivors with disabilities. In addition, practitioners reported greater recognition of the needs and particular vulnerabilities of caregivers of people with disabilities and the importance of including them in GBV activities. Practitioners explained that the project activities that put them in direct contact with women and girls with disabilities and allowed them to reflect on previous biases were the most effective in transforming their thinking and understanding. Some practitioners also cited trainings, as well as guidance on communicating with people with different types of disabilities and developing appropriate information and educational materials, as useful.

“At first I thought that I couldn’t be helpful to certain people with disabilities, because I am not a doctor, I couldn’t make their condition better, I couldn’t heal them. But then, once I took time to start to listen more, they were not asking for that type of help, they wanted to talk, they wanted assistance to support themselves, to be safer. I realized that I already knew how to support this person… before I assumed that I didn’t, I assumed that talking to me wouldn’t change their situation at all. I should have listened more before, but now I do, I really listen first, before I try to make plans and try to fix things.”

IRC Community Mobilizer, Muyinga camp, Burundi

More gender-based violence activities were tailored to meet the needs of women and girls with disabilities. Respondents reported that the home visits that GBV practitioners conducted as part of the project led to greater success in meeting the needs of caregivers and people with disabilities, especially those with severe or multiple disabilities, who face great challenges in leaving their homes. These practices allowed providers to better identify survivors with disabilities who require case management services, and women and girls reported feeling safer and more supported as a result. Participants in the evaluation also reported that case worker skillsets and case management approaches had been adapted to better meet the needs of women and girls with disabilities, including through more effective communication.
Women and girls with disabilities and caregivers strengthened their social support networks. Participants in all countries reported that certain project activities—caregiver group discussions in Jordan, ‘coffee discussions’ in the homes of women with disabilities in Ethiopia, social, recreational and skills-building activities for adolescent girls in the Northern Caucasus, and Village Savings and Loan Programs (VSLAs) in Burundi—were credited with facilitating connections and friendships among women and girls with disabilities, caregivers, and other people in the community. These relationships helped break down the social isolation experienced by women and girls with disabilities, provided opportunities to exchange information, offer mutual support around shared problems, learn new skills and raise their profile in the community as people began to recognize them for their contributions and not just for their impairment. The latter was an especially important outcome for the adolescent girls participating in groups with non-disabled girls. Women and girls reported developing greater trust among neighbors, feeling they had more people to rely on for safety, and improved psycho-social wellbeing and self-esteem—all factors that can reduce vulnerability to GBV, improve reporting and facilitate better access to response services.

Women with disabilities in the VSLAs reported greater financial independence and increased decision-making at home. Village Savings and Loan Associations (VSLAs) offer women ways to save and borrow money and generate income. Such activities are popular components of IRC’s Women’s Protection and Empowerment programs, including as a means to reduce vulnerability to GBV. The women with disabilities and caregivers participating in the VSLAs in Burundi reported that in addition to enhancing their social networks (including through regular groups meetings, and by providing them with money to participate in cultural and religious activities), their income gained them greater status and respect in their family, more independence and a stronger role in decision-making at home. It is important to note that for some activities, including the VSLAs, participation of women and girls with some types of disabilities did not require program adaption, but simply outreach and an invitation to join. Many participants of the VSLAs and other project activities noted that being given the chance to take part opened doors to wider opportunities for them. It is also key to remember that programs that empower women and girls to step outside traditional gender norms, such as by earning income, should be accompanied by appropriate risk mitigation strategies, such as discussions groups for couples that address gender, power, and other relationship dynamics, to complement the VSLAs. The additional workloads that may be assumed by other women and girls in the household as a result of others’ participation should also be taken into account to limit unintended consequences.

“Now, people understand us better, they even come to say hello and see how we are. It makes me feel safer having neighbors that I know now.”

Woman who is blind, My’Ani camp, Ethiopia

“I never thought that we could do something in a mixed group [girls with and without disabilities], and now I see that it is possible and acceptable, and people need this.”

Girl with disability in group discussion with GBV practitioners, Northern Caucasus
RECOMMENDATIONS

1. Gender-based violence practitioners in humanitarian settings should include women and girls with disabilities and caregivers in the design, implementation and evaluation of GBV programs. The involvement of women and girls with disabilities and caregivers to identify barriers to their participation in programs and access to services and to suggest solutions for overcoming these barriers is critical to understanding their needs and adapting programming to effectively meet them. Qualitative and participatory approaches in small groups and one-on-one settings can be the most effective to solicit their opinions and perspectives. Appropriate communication techniques and tools should also be used, in particular for women and girls with intellectual disabilities, and settings should be carefully chosen to maximize the participation of women and girls who face mobility challenges. In addition, separate assessment and evaluation discussions can be appropriate for adolescent girls with disabilities in order to ensure programs and services are tailored to the particular needs of this age group. GBV practitioners and other providers should remember that disability is complex, varied and evolving – activities and approaches that work for some may not for others. Learning the needs and perspectives of the people with disabilities in a particular setting, and how those change over time, is key to successfully serving this population.

2. Provide specialized training and tools to gender-based violence program managers and service providers to equip them with the knowledge and skills to address the needs of women and girls with disabilities. Sensitizing GBV staff to the needs of women and girls with disabilities and caregivers and providing them with tools to adapt their programs and practices to better meet those needs is essential to build their capacity as more effective practitioners. Working with practitioners to address their own (mis)perceptions of people with disabilities, providing opportunities for interaction among practitioners and women and girls with disabilities, and space for practitioners to reflect on their experiences, is essential to create the positive attitude shifts that enable quality programming. In this project, practitioners found that they already had many of the skills to address the needs of survivors with disabilities, they simply hadn’t realized that women and girls with disabilities required many of the same supports as all survivors. The exposure to people with disabilities broke down barriers within the practitioners and empowered them to build relationships and extend their skills and services to more women and girls who needed them.
3. Prioritize the recruitment of women and girls with disabilities as staff and volunteers in gender-based violence programs and other community activities in displaced settings. People with disabilities are too often seen only for their impairment, and not as whole, multi-faceted people with unique personalities, perspectives and talents that add value to programs and community life in general. Women and girls, both with and without disabilities, are often overlooked for leadership positions or meaningful work outside the home. Humanitarian actors should recruit women and girls with disabilities for key roles in GBV activities and other programs and institutions so their concerns are better represented, and they have the opportunity to develop new skills and capacities, be recognized for their contributions to society, and serve as role models to other women and girls. The associated increases in knowledge, self-esteem and interpersonal connections are all factors that can reduce their vulnerability to gender-based violence.

4. Ensure that institutions and programs dedicated to working with and for people with disabilities in humanitarian settings are gender-sensitive. Such organizations should strive for equal representation of women and girls and should undertake a gender assessment and analysis to understand the distinct needs and risks of women and girls and adapt their services and activities accordingly. Disabled people’s organizations should also strengthen their advocacy on the rights and needs of women and girls within their networks and humanitarian settings in general.

5. Donors should hold all humanitarian actors accountable for developing programs and services that effectively meet the needs of women and girls with disabilities and caregivers, including through meaningful monitoring and reporting processes. Many responses to conflict and displacement are not sufficiently rooted in gender- or disability-sensitive approaches. As a result, the needs of women and girls with disabilities and caregivers, including their particular vulnerabilities to violence, are not always identified or appropriately addressed. Humanitarian organizations and other relevant actors should be held accountable for conducting assessments, designing, and evaluating programs and services that are gender- and disability-sensitive, including by drawing on existing sectoral guidance such as the Inter-Agency Standing Committee Guidelines for Gender-Based Violence. Donors should also employ standard monitoring and reporting requirements that seek to measure organizations’ levels of understanding and response to the risks faced by women and girls with disabilities.

“I benefit from constructive experiences, ideas and participation … during discussion sessions. When I share my worries with others I feel that I am not alone.”

Wife of a man with disabilities, Irbid, Jordan
IMPROVING GENDER-BASED VIOLENCE PROGRAMMING
For Women and Girls With Disabilities in Humanitarian Settings

i. World Health Organization (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence
ii. World Health Organization (1997) Violence against women In situations of armed conflict and displacement

Practice Brief Author: Sarah Green
Practice Brief Editors: Heather Cole, Abigail Erikson, and Leora Ward
Funded by: Australian Department of Foreign Affairs and Trade and Open Society Foundations
For more information, please contact: Leora Ward at Leora.Ward@rescue.org or visit www.gbvresponders.org