

Literature
Review of
People with
Disabilities
and Gender-
based violence

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Disabilities and Gender based violence: Vietnam

Global context

Approximately one billion people live with disabilities.¹ Of these women and girls represent about two thirds of those affected² and the prevalence of disability is higher³ among adult women than among men across all age groups.³

Two models defining disability are often discussed: the medical model and the social model. The medical model views a disability as a condition that impairs an individual from living a normal and full life – a condition that needs an intervention or treatment. The social model views impairment and disability separately. According to this model impairment is an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function, whereas disability is a social construct. A disability is the interaction of the impairment with the environment, the social and physical restrictions. The way that society is organized, not the impairment itself, excludes disabled people from full participation in society. Disabled people are excluded from society by various barriers: social and cultural discrimination; negative attitudes; limited social support; inaccessible transportation, public buildings, information formats, products and built environments; inflexible organizational policies, procedures and practices; lack of services; and problems with service delivery and a lack of involvement.⁴ PWD, especially men, are less likely to be employed and the majority who are employed are self-employed.⁵

The meaning of disability and the social and cultural barriers persons with disabilities (PWD) face are also gendered. Taking a “gender neutral” perspective when we talk about “people with disabilities” or “children with disabilities” masks differences in the kinds of exclusion and discrimination people face, as well as the risk and vulnerabilities related to physical, social, economic and psychological violence that people experience because they are male or female.^{6 7} For example, adjusting for age, women are more likely to have disabling, non-lethal conditions associated with the socioeconomic disadvantage

¹ The UN defines disability as “a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” WHO defines it as “an umbrella term for impairments, activity limitations, and participation restrictions, the negative aspects of the interaction between individuals with a health condition and personal and environmental factors.”

² Inclusion in Vietnam: An intersectionality perspective on girls with disabilities and education. 2014. Xuan-Thuy Nguyen and Claudia Mitchell. *Childhood*. Vol 21 (3).pp 324-338.

³ Hosseinpoor AR, Stewart Williams J, Jann B, Kowal P, Officer A, Posarac A & Chatterji S. 2012. Social determinants of sex differences in disability among older adults: a multi-country decomposition analysis using the World Health Survey. *International Journal for Equity in Health*, Vol 11 (52). <http://www.equityhealthj.com/content/11/1/52>.

⁴ Public Health England. 2015. Disability and domestic abuse: Risk, impacts and response. Colleen Dockerty, Dr. Justin Varney, Rachel Jay-Webster.

⁵ Mizunoya S and Mitra S. 2012. Is There a Disability Gap in Employment Rates in Developing Countries? GLADNET Collection. Cornell University ILR School. <http://digitalcommons.ilr.cornell.edu/gladnetcollect>.

⁶ People also experience discrimination and exclusion based on other socially constructed ideas of differences - such as race, ethnic or religious groups, sexual orientation or identities. These identities overlap and intersect with pervasive discrimination based on sex.

⁷ Mitra S and Sambamoorthi U. 2014. Disability prevalence among adults: estimate for 54 countries and progress towards a global estimate *Disability and Rehabilitation*, Vol 36 (11). pp 940-947. DOI: 10.3109/09638288.2013.825333.

women face in most countries.⁸ Therefore, how both gender and disability are structured within society affect the risk of experiencing GBV.⁹ Both disability and gender are significant factors for social exclusion of all kinds (education, employment, community integration, female empowerment efforts), yet the focus of attention in the literature has mostly been on either one or the other and scant attention is paid to understanding and addressing gender issues among children with disabilities.¹⁰

The preponderance of available studies among adults with disabilities – particularly those with mental illnesses – indicates PWDs are at a higher risk of violence than are non-disabled adults. However, available studies have methodological weaknesses and gaps exist in the definitions of disability and violence, and types of disability and the violence the studies address.¹¹ Robust studies on the incidence, prevalence and kinds of violence PWD experience are absent for most regions of the world, particularly low-income and middle-income countries.

About half a million adults die every year because of interpersonal violence; millions more suffer non-fatal violence and the resulting health and socio-occupational consequences. People with disabilities seem to be at an increased risk of interpersonal violence because of several factors: exclusion from education and employment, the need for personal assistance with daily living, reduced physical and emotional defenses, communication barriers that hamper the reporting of violence, societal stigma, and discrimination. A history of witnessing or experiencing GBV in childhood significantly increases the risk of experiencing or perpetrating abuse as an adult. At least one study shows a significantly higher rate of psychological and sexual abuse in childhood and youth for disabled people, further increasing their risk of experiencing GBV as an adult.¹²

Significant difference exists between males and females without disabilities in experience of intimate partner violence (IPV) - violence perpetrated by a spouse or partner.¹³ Disabled men experience higher rates of abuse than non-disabled men and at a similar rate of IPV as non-disabled women. While men are at risk of and do experience IPV, women experience more repeated physical violence, more severe violence, much more sexual violence, more coercive control, more injuries and more fear of their partner. Few studies look at the intersection of gender, gender-based violence (GBV) and disabilities. The literature indicates that women with disabilities are significantly more likely to experience IPV than disabled men and experience more frequent and more severe abuse than disabled men. Not only are PWD more likely to experience IPV they also experience violence that is more severe, more frequent and lasts for longer periods. Disabled people experience domestic abuse in wider contexts and by greater numbers of significant others, including intimate partners, family members, personal care assistants and health care professionals. The severity of impairment increases the risk of abuse. Various international

⁸ Hosseinpoor AR et al. 2012.

⁹ Public Health England. 2015.

¹⁰ Leonard Cheshire Disability. Still Left Behind: Pathways to Inclusive Education for Girls with Disabilities. A report for United Nations Girls Education Initiative. London: UK. 2017

¹¹ Hughes K, Bellis MA, Jones L, Wood S, Bates G, Eckley L, McCoy E, Mikton C, Shakespeare T, Officer A. 2012. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*; doi:10.1016/S0410-6736(11)61851-5.

¹² Public Health England. 2015.

¹³ Most studies reviewed for this literature review did not report if “spouse” or “partners” were of same or opposite sex as the person reporting IPV.

studies have shown that impairments that have a more severe effect on daily living require more support, and as a condition progressively worsen or the support needs increase.^{14 15}

Frequent interactions with institutional and medical settings and personal care assistants coming into their homes may increase disabled people's risk of experiencing GBV. Disabled women are significantly more likely to experience abuse by personal care assistants, strangers, health care providers and other family members than non-disabled women. Reliance on care increases the situational vulnerability to other people's abuse. Studies in England, Canada, the USA and other developed countries highlight how disabled people are disproportionately excluded from education and employment. PWD are less likely to have a degree or diploma and therefore are more likely to live in poverty than people without disabilities.¹⁶ Women with disabilities experience dual discrimination: most women work in less remunerative sectors of the labor market— and therefore earn lower incomes – and women with disabilities face employer bias towards PWD, reducing their opportunity to move out of abusive situations.¹⁷

Women who report ever experiencing IPV are more like to report a disability. Women who have experienced IPV are approximately 35% less likely to report good to excellent health than disabled women who have not experienced domestic abuse. Women disability are more likely to report that IPV led to anxiety, depression or panic attacks than those who without a disability. IPV can negatively impact a women's ability to manage her primary physical disabilities and lead to the onset of debilitating secondary conditions. IPV is significantly associated with delayed entry into antenatal care for disabled women.

Two recent meta-analyzes examined the prevalence of sexual victimization (SV) of adult persons with disability (PWD) compared to persons without disabilities and found PWD were 1.5 times more likely to experience SV. A similar analysis of children (< 18 years of age) with physical disabilities show an almost four greater risk for SV compared to children without disabilities. Physical disability appears to double the risk for SV (6% of girls without disabilities compared to 12.9% for girls with mild disabilities.)¹⁸ A study conducted in Switzerland with a national sample of ninth-graders found that disabled girls were at a higher risk for SV than disabled boys, just as girls are generally more at risk than boys. However the increase in risk of SV among boys with physical disabilities was almost three times higher than for boys without disabilities and for disabled girls nearly twice as high as girls without disabilities. The study also found that lifetime prevalence rates for contact SV (touching/kissing, penetration) were 26% of girls with a physical disability, 18.5% for boys with a disability and 22.4% for the total sample, significantly higher than for girls and boys without a disability. For non-contact SV (exhibitionism, verbal harassment,

¹⁴ Hughes RB, Lund EM, and Gabrielli J, Curry MA & Powers LE. 2011. Prevalence of Interpersonal Violence Against Community-Living Adults With Disabilities: A Literature Review. *Rehabilitation Psychology* Vol. 56 (4), pp. 302–319.

¹⁵ Martin SL, Ray N, Sotres-Alvarez D, Kupper LL, Moracco KE, Dickens PA, Scandlin D, Gizlice Z. 2006. Physical and sexual assault of women with disabilities. *Violence Against Women*. Vol 12(9). Pp 823-37.

¹⁶ Groce N, Kett M, Lang R & Trani JF. 2011. Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice, *Third World Quarterly*, Vol.32 (8), pp. 1493-1513, DOI: 10.1080/01436597.2011.604520. To link to this article: <http://dx.doi.org/10.1080/01436597.2011.604520>

¹⁷ Public Health England. 2015.

¹⁸ Mueller-Johnson K, Eisner MP and Obsuth I. Sexual Victimization of Youth with a Physical Disability: An Examination of Prevalence Rates, and Risk and Protective Factors. 2014. *Journal of Interpersonal Violence*. Vol 29 (17). pp 3180-3206.

exposure to sexual acts or cyber SV) the lifetime prevalence for girls with a physical disability was 48.1%, 31.8% for boys, and 40.3% for disabled youth overall, again significantly higher than for girls and boys without a disability.

Table 1. US Government Definition of Gender-based Violence

Gender-based Violence (GBV) is an umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. It is rooted in structural gender inequalities, patriarchy, and power imbalances. GBV is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social and other forms of control and/or abuse. GBV impacts individuals across the life course and has direct and indirect costs to families, communities, economies, global public health, and development.

Populations affected by GBV

Women and girls across the life course are most at-risk and disproportionately affected by GBV. It is experienced by individuals across the spectrum of gender identities and gender expression. Men and boys also experience GBV. Certain already vulnerable populations may experience increased risk of GBV including, but not limited to: children and youth; people affected by conflict or **crisis**; **people with disabilities**; indigenous, ethnic and religious minority communities; low-wage and informal sector workers; those who are or are perceived to be lesbian, gay, bisexual, transgender, or intersex (LGBTI); migrants, refugees, the internally displaced; older persons; and widows.

Types of GBV and settings where it occurs

GBV is a global problem: it occurs in every country and society. It happens in public and private settings, including but not limited to digital and online spaces, educational settings and schools, the home, workplaces and in transit. Types of GBV include, but are not limited to: child, early, and forced marriage; female genital mutilation/cutting; so-called “honor”-based violence and killings, and other harmful practices; acid violence; dating violence; domestic violence; female infanticide; femicide or gender-related killing of women and girls; all forms of human trafficking; intimate partner violence; sexual harassment; stalking; all forms of sexual violence, including reproductive and sexual coercion, and rape, including marital rape, so-called “corrective” rape, and rape as a tactic of conflict. Other types of violence that are sometimes gender-based include, but are not limited to: abandonment; neglect; bullying; child abuse; corporal punishment; and elder abuse.

United States Government Strategy to Prevent and Respond to Gender-based Violence Globally. 2016 Update. <https://www.state.gov/documents/organization/258703.pdf>

Vietnam Context

In 2010 the government of Viet Nam (GOVN) passed the Law on Persons with Disabilities which defines PWD as “those who have impairment of one or more parts of their body, or functional impairment, which are shown in different forms of disability, and may cause difficulties in work, daily life and learning.”¹⁹ The 2013 Constitution, Article 59 states that “the State will create opportunities for citizens to enjoy social welfare, develop the social security system, and adopt policies to support elderly people, people with disabilities, poor people, and other disadvantaged people” and Article 60.3 states “The State shall prioritise the development of education in mountainous areas, on islands, in ethnic minority areas, and in areas that have extremely difficult socio-economic conditions; prioritise the employment and development of talented people; and create the conditions for people with disabilities and poor people to receive education and vocational training.”

Official Vietnamese government statistics show that 7.8% of the population over the age of 5 has some type of disability. Recent data based on the World Health Organization (WHO) framework estimates that 15.3% of Vietnam’s population lives with a disability, of which 75% resides in rural areas and prevalence of disability is higher among ethnic minorities.^{20 21} Disability prevalence nationwide is higher than observed in other countries but is particularly pronounced in several dioxin hotspots that have increase cases of birth defects and neurological impairment, among other serious health issues.²² Disability is significantly correlated with poverty, rural location and ethnic minority status in Vietnam.²³

Article 26 of the 2013 Constitution holds that “Male and female citizens have equal rights in all fields. The State shall adopt policies to guarantee the right to and opportunities for gender equality. The State, society and family shall create the conditions for women to develop comprehensively and to advance their role in society, and “Gender discrimination is prohibited.”

Gender inequality continues to influence both perpetuation of poverty and vulnerability. The country has made remarkable progress in reducing gender disparities in education, employment and health, as reflected in its achievement of an upper middle-income country status. Significant challenges still remain in regard to measure of equality such as wage gaps, women’s access to formal employment, low levels of political participation, time poverty and persistently high prevalence of GBV.^{24 25 26} Pervasive

¹⁹ Socialist Republic of Vietnam, 2010.

²⁰ International Labour Organization. Factsheet. Inclusion of People with Disabilities in Viet Nam. January 2013.

²¹ Berg KL, Shiu CS and Nguyen H. 2015. Prevalence of victimization, and associated risk factors, impacting youth with disabilities in Vietnam: a population-based study. *International Journal on Disability and Human Development*. pp. 179-186.

²² Bogenschutz M, Im H and Liang A. 2016. Ecological Model of a Good Life for People with Disabilities in Vietnam. *Global Social Welfare*. Published on line 16 June 2016. DOI 10.1007/s40609-016-0068-y.

²³ Mont D and Nguyen VC. Disability and Poverty in Vietnam. 2011. *The World Bank Economic Review*, Vol 25 (2), pp 323-359.

²⁴ Nicola Jones and Tran Thi Van Anh. The politics of gender and social protection in Viet Nam: opportunities and challenges for a transformative approach. ODI Background Note. May 2012. <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7650.pdf>

²⁵ Violence against Women, Its Prevalence and Health Consequences. Claudia García-Moreno and Heidi Stöckl. In: García-Moreno C, Riecher-Rössler A (eds): *Violence against Women and Mental Health*. Key Issues Mental Health. Basel, Karger, 2013, vol 178, pp 1–11.

gender discrimination in Vietnam is evidenced most starkly by sex ratios at birth that have been steadily increasing beginning in the 21st century from the global norm of M: F 104-105/100 births to over 113/100 nationwide by 2009.²⁷ This increasing imbalance represents prenatal sex selection - a form of gender based violence. As Guilмото (2009) argues “discrimination against unborn girls emerges as a rational strategy in response to changing constraints and opportunities within existing gender regimes”²⁸ and government policies that encourage two-child families. Higher female mortality is attributable to an entrenched preference for sons over daughters and to gender discrimination affecting females throughout their lives. Parents prefer male children because they have greater earnings potential, provide protection and old-age security, and are needed in funerary rituals because they are identified as the link between deceased and future members of the patrilineage. By mediating physical, symbolic and temporal links across generation sons embody familial honor (*danh du*) and morality (*dao duc*) and thus are accorded socially-created special status.^{29 30}

Children and Youth

A recent global review by WHO provided in-depth analysis of disabilities among youth (ages 10-24.)³¹ Although the review did not provide country-specific data it did provide regional data for south-east Asia and these findings may be suggestive in the Vietnam context. The six main causes of worldwide disability in both sexes were neuropsychiatric disorders (including depression and substance misuse), unintentional injuries, infectious and parasitic diseases, maternal conditions, diseases of the sense organs, and respiratory disease (i.e., asthma). Neuropsychiatric disorders and injuries – mostly road traffic accidents occurring in late adolescents and early adulthood - were the main cause of years lost to disability among youth south-east Asia.

The review on the prevalence and risk of violence against children with disabilities, published in July 2012, found that overall children with disabilities are almost four times more likely to experience violence than non-disabled children. The review indicated that children with disabilities are 3.7 times more likely than non-disabled children to be victims of any sort of violence, 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than non-disabled peers. Very few studies focus on the situation of GBV against children with disabilities in Vietnam^{32 33} but given global data there is little reason to assume that the situation

²⁶ Ha Song Vua, Schuler S, Tu Anh Hoang & Trang Quach. 2014. Divorce in the context of domestic violence against women in Vietnam. *Culture, Health & Sexuality*. Vol. 16 (6), pp. 634–647.

²⁷ Risk factors for repeat abortion and implications for addressing unintended pregnancy in Vietnam

²⁸ Christophe C. Guilмото. 2009. The Sex Ratio Transition in Asia. *Population and Development Review*, 35(3), pp 519– 549.

²⁹ Bongaarts J and Guilмото CZ. 2015. How Many More Missing Women? Excess Female Mortality and Prenatal Sex Selection, 1970–2050. *Population and Development Review* Vol 41(2). pp. 241–269.

³⁰ Helle Rodstrom. 2010. Having “learning difficulties”: the inclusive education of disabled boys and girls in Vietnam. *Improving Schools*. Vol 13(1), pp 81-98.

³¹ Gore FM, Bloem PJN, GC, Ferguson J, Joseph V, Coffey C, Sawyer SM & Mathers CD. 2011. Global burden of disease in young people aged 10–24 years: a systematic analysis. www.thelancet.com Published online June 7, 2011 DOI:10.1016/S0140-6736(11)60512-6.

³² Vietnam law defines children as “Vietnamese citizens aged under 16 years” Law on Child Protection, Care and Education. Article 1. (No. 25/2004/QH11 of June 15, 2004). For several years the parliament has been debating changing the age limit to 18 years to conform with the UN Conventions on the Rights of the Child, to which it is a signatory.

is any different in Vietnam than elsewhere and that children with disabilities are highly vulnerable to violence and victimization.

Drawing upon the 2003 Vietnam Survey Assessment of Vietnamese Youth focused on youth 14-25 years of age from 42 of Vietnam's 61 provinces, 14% of non-institutionalized respondents reported having a disability. Youth with disabilities were significantly more likely to be male (55.3% vs 49.1%) and identify as members of ethnic minority group (21.9% vs 14.4%), lower levels of family connectedness and higher levels of alcohol use among fathers (20% vs 16%) and other family members. Youth with disabilities were more likely to come from poorer families with lower parental education levels. The odds of being injured due to family violence were 1.5 times higher for youth with disabilities compared to youth without disabilities, controlling for other variables. Gender and alcohol use among family members remained significant correlates to violent injury. Odds for being injured due to family violence were 2.4 times higher for males and 1.7 times higher for youth reporting paternal alcohol consumption.

The fact that young males were more likely to report a disability might reflect cultural and socio-economic life in Vietnam including gender norms and expectations regarding labor: Two thirds of youth aged 12-15 were engaged in out-of-home work, the majority of whom were male and therefore exposed to more safety hazards in the work environment which is poorly regulated. Males are also more likely to engage in risk-taking behavior such as substance abuse, riding without a helmet and perpetration of violence. Ethnic minorities have a higher incidence of disability perhaps due to economic and social discrimination. Youth with disability may therefore be victims of larger patterns of family violence and substance abuse.

The Law on Child Protection, Care and Education (2004) does not define children with disabilities *per se* but rather "Disadvantaged children mean children with physically or mentally abnormal conditions, who are unable to exercise their fundamental rights and integrate with the family and community."³⁴

Vietnam's Ministry of Education and Training approved a Special Decree on inclusive education for children with disabilities in 2006. In 2010, the Law on Persons with Disabilities reaffirmed the Government of Vietnam's commitment to providing educational access to all by recommending inclusive education for all children with disabilities who are able to benefit from it. Article 7 Law on Child Protection, Care and Education does not provide for gender-specific protections for children with disabilities.

Children with disability do not attend school at the rate of non-disabled ones. There are complex reasons which include the limited access to Government's funding, negative social stigma towards children with disability and their families, and the lack of public facilities for people with disability. According to a report by Save the Children/Vietnam, "To date, around 50 per cent of children with disability have no access to education and a very small number of children attend regular schools. In 2011, approximately 0.5% of children with disability went to regular primary school and 0.2% attended regular secondary school. It is the evidence, therefore, that a majority of children with disabilities have

³³ Berg KL, et al. 2015.

³⁴ Government of Viet Nam. Law on Child Protection, Care and Education. 2004. Article 3.

yet to benefit from the implementation of inclusive education policies”³⁵ and are thus more likely to be unemployed or under-employed as adults and more vulnerable to poverty

Among children with disabilities in Vietnam 55% of girls and 39% of boys have never attended school and of those that attend school 33% drop out before completing their basic education.³⁶ According to the Ministry of Education, only 20% of children with disabilities attend high school. The literacy rate among boys with a disability is 77% and among girls is 51%. About one-third of these children’s families had never sought treatment for their disability and only 5% in urban areas and 10% in rural areas received financial support from the government or the community.³⁷

Adults

The systematic review on violence against adults with disabilities, published in February 2012, found that overall they are 1.5 times more likely to be a victim of violence than those without a disability, while those with mental health conditions are at nearly four times the risk of experiencing violence.³⁸ Disability is often associated with age in Vietnam: Half the people with disability in Vietnam are now over 60 years old. Almost half (43.3 per cent) of elderly women have one or more disability, including visual disability.³⁹

Progress is being slowly made to increase the visibility of the issues faced by women and girls with disabilities in both the disability rights and gender equality movements. Studies have highlighted the common issues and shared experiences between women and girls with disabilities and women and girls without disabilities in areas such as gender-based violence, access (or lack thereof) to sexual and reproductive health, lack of visibility in decision-making fora and lack of access to social and economic opportunities. Women and girls with disabilities may not be able to access the few support services that are available, such as hotlines or shelters, to recover and escape from violence. A study by the UNDP found that women with disabilities were less likely to access support, refuge or legal redress than their peers without disabilities.⁴⁰ Support services for men and boys with disabilities who are facing GBV are non-existent.

Addressing GBV among People with Disabilities

Given the pandemic of GBV against PWD – whether male, female, children or adults – projects promoting democratic societies and inclusive economic and social development can no longer ignore

³⁵ Save the Children Vietnam Country Office. 2014. Childs Rights Situation Analysis. Page 27.

³⁶ Bogenschutz et al. 2016.

³⁷ Nguyen Thi Minh Thuy and Berry HL. 2013. Social capital and mental health among mothers in Vietnam who have children with disabilities, *Global Health Action*, Vol 6 (1), 18886. <http://dx.doi.org/10.3402/gha.v6i0.18886@zgha20.2013.6.issue-s2>

³⁸ Hughes K, Bellis MA, Jones L, Wood S, Bates G, Eckley L, McCoy E, Mikton C, Shakespeare T & Officer A. 2012. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*. doi:10.1016/S0410-6736(11)61851-5.

³⁹ Earl C. 2014. Vietnam’s Post War Generation: Disability, Visibility and Status Identify in Ho Chi Minh City. *Children in War The international Journal of Evacuee and War Child Studies*. Vol 1(11), pp 15-22.

⁴⁰ Dialogues on Sustainable Development: A Disability-Inclusive Perspective.2015. CBM. www.cbm.org/Inclusive-Development-Dialogues.

the gender-related barriers facing PWD in their full participation in their nation's future. Stakeholders must recognize and address the pervasive issue of GBV against PWD, especially against women and girls.⁴¹ Recommendations from the global literature for addressing GBV among PWD include:

- Address gender inequality as a broad goal of program design, rather than solely through a disability specific perspective. More often than not the discrimination experienced by women and girls with disabilities involves a range of factors, which include the different economic, social, political and cultural contexts they may live in, and the stigma they face within these contexts.
- Ensure that the future development frameworks and programs support gender equality and recognize the intersectionality between gender and disability.
- Inclusive growth strategies must address the barriers women and girls with disabilities face in accessing education and employment opportunities;
- Responses to GBV must address the unique aspects of GBV against women and girls with disabilities, as well as the unique aspects of violence against men and boys with disabilities, including their access to vital support and recovery services;
- Measures to improve women's access to justice must address the barriers faced by women and girls with disabilities, and in particular include a range of measures to build capacity and awareness of their rights;
- Measures to support the rights of women in exercising control over their own bodies and access to family planning and reproductive health services must be inclusive of women and girls with disabilities;
- Action taken to improve women's participation in political and public life must include women and girls with disabilities;
- Projects should incorporate activities to help families and caregivers cope with stigma and discrimination within the community and by government institutions (health services, schools, social welfare programs). Families must be empowered to demand the support services they are entitled to under law.
- Group-based empowerment training is needed for PWD and their care-givers/families to address underlying expectations about inequitable gender roles and behavior, and to support the development of communication and conflict-resolution skills.
- Group-based empowerment training to prevent domestic abuse among women with intellectual impairments. Training approaches must empower disabled women by giving them the knowledge to protect them and to prevent domestic abuse.
- Improve accessibility: Disabled people who experience domestic abuse have differing or specialized care needs. Some people with physical impairments have more complex needs for accessible accommodation and transport, assistance with personal care or sign language interpreters.
- Effective domestic abuse services for disabled people should be accessible and barrier free.

⁴¹ Douglas A. Brownridge. 2016. Partner Violence Against Women With Disabilities. *Violence Against Women* Vol 12 (9), pp. 805 – 822. DOI. 10.1177/1077801206292681.

- Providing personal care assistants is particularly vital, as the fear of loss of independence and institutionalization often stops disabled people from seeking help.
- Given that disability and GBV impacts health and wellbeing, and increases the need for health care, the barriers to health care for disabled people experiencing domestic abuse is especially challenging. These barriers are often related to accessibility or experiences of receiving poor treatment, which delays care seeking.⁴²

Recommendations for USAID Projects

- All project analyses and assessments (i.e., gender, sustainability, environmental compliance, climate adaptation and disaster reduction and response, project evaluations) should include questions that examine the roles, access and adaption needs of children and adults with disabilities. Including disability in these analyses/assessments does not change the scope of the analyses/ assessments, but rather is a way to ensure that analyses/assessments capture all individuals including those who are often most vulnerable and unintentionally excluded from USAID programs.
- Projects working in the health care, education or legal sectors should not assume staff have the skills, knowledge and non-discriminatory attitudes needed to provide safe and respectful services to PWD and their families. Training of project staff to address stigma and discrimination⁴³ against PWD should be provided at least annually and monitored to ensure projects are doing no harm and PWD are satisfied with the services they receive.
- Collect quantitative and qualitative data on women/men and girls/boys with disabilities in order to address their unique barriers to participation in project activities.
- Make shelters, clinics, courtrooms, information and counseling accessible to women and girls with a wide range of disabilities.
- Support capacity development of Disabled People's Organizations, agencies and service providers.

⁴² Public Health England. 2015

⁴³ Projects working with PWD have much to learn from more than 15 years of USAID HIV projects that have addressed stigma and discrimination.