

TOOLKIT

WOMEN WITH DISABILITIES STIGMA INVENTORY (WDSI)



VERSION 1.0



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The Women with Disabilities Stigma Inventory (WDSI) was developed by researchers from University College London (Katrina Scior, Aseel Hamid and Amy Dixon) in close partnership with the UNDP and UN Women personnel and representatives of organizations for people with disabilities and non-governmental organizations and their female members with disabilities in four pilot countries: Pakistan, Palestine, Republic of Moldova, and Samoa.

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OVERVIEW

This document presents the Women with Disabilities Stigma Inventory (WDSI) as a stand-alone tool that can be used to collect data about the experiences of women with disabilities globally in relation to stigma, discrimination and violence.

This version was produced after piloting and field testing of earlier draft versions of the WDSI as part of the “Addressing Stigma and Discrimination Experienced by Women with Disabilities” (ASDWD) project.

This document should be read in conjunction with the following documents:

- [WDSI Methodological Note \(including the guide for data collectors\)](#)
- [Ethical Standards Guide for the ASDWD project](#)

Interested parties are also advised to consult the UN policy brief: [UN Policy Paper: Addressing Stigma and Discrimination to Eliminate Violence against Women with Disabilities](#).

WOMEN WITH DISABILITIES STIGMA INVENTORY (WDSI) V1

Introduction to the survey (to be presented to participants)

This is a survey about the experiences of women with disabilities in your country. The survey has been developed to find out more about the lives of women with disabilities. Before you start the survey, please read/listen to the information sheet and then consent to taking part.

Note: Response options to questions marked with a “*” are customized to ensure they are fit for the country where the survey is conducted. The version presented here was customized for Pakistan.

Section 1 - About you

This section asks you some questions about yourself. For each question, please select the option that best describes you.

1. How old are you?

- 18–24
- 25–34
- 35–44
- 45–54
- 55–64
- 65 +

2. What type of area do you live in?

- Rural
- Semi-rural
- Urban
- Other (please specify) _____

3. What is your ethnicity?*

- Punjabi
- Sindhi
- Pathan
- Balochi
- Pashtoon
- Kashmiri
- Gilgit Baltistan
- Chitrali
- Muhajir/Refugee
- Other (please specify) _____

4. What is your current relationship status?*

- Single
- Engaged
- Married
- Divorced
- Separated
- Widowed
- Other (please specify) _____

5. Do you have children?

- Yes
- No (Skip to Q6)

5a. Do your children live with you?

- Yes, all of the time
- Yes, some of the time
- No

5b. Who do you live with?*

- On my own
- With my children only
- With my husband (and children)
- With my parents, siblings or extended family
- With my husband's parents, siblings or extended family
- Other, please specify _____

6. What is the highest level of education that you have completed?

- No formal education
- Primary/elementary school
- High school/secondary school
- Trade/vocational school
- University/tertiary education
- Other (please specify) _____

7. What is your current work status?

- In paid full-time work as an employee
- In paid part-time work as an employee
- Working full-time but not as an employee (self-employed or business-owner)
- Doing voluntary unpaid work outside of the home
- Homemaker
- Student
- Unemployed
- Unable to work
- Other (please specify) _____

8. Do you currently belong to, or have you ever been a member of, any of the following groups? Please select all that apply.

- Refugee or asylum-seeker
- Migrant worker
- Internally displaced person
- Member of a religious minority
- Member of a racial minority
- I don't belong to any of these groups

Section 2 - Disability

In this section, you will be asked some questions about your difficulties or disability. For each question, please select one of the options.

9. Do you have:	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Don't know
a. difficulty seeing, even if wearing glasses?					
b. difficulty hearing (even if using a hear aid)?					
c. difficulty walking or climbing steps?					
d. difficulty remembering or concentrating?					
e. difficulty with self-care, such as washing all over or dressing?					
f. using your usual language, do you have difficulty communicating, for example, understanding or being understood?					

	Yes	No	d/k	Prefer not to answer
10. Are any of your difficulties visible to other people?				
11. Do you need the assistance of assistive devices and/or equipment in order to facilitate your daily life? An 'assistive device' is something that helps a person to perform a particular task.				
12. Do you need help from others in order to facilitate your daily life?				
13. Do you have a disability identity card/certificate from the government?				
14. Did you face any difficulty in getting registration/certification?				

Section 3 - Experiences of exclusion and marginalization

This section asks about experiences of being excluded or denied access to places and activities. ‘Exclusion’ means leaving someone out. ‘Marginalization’ is to make a group of people less important based on a characteristic that they share. For each question, please select one of the options.

15. Have you:	Never	Rarely	Sometimes	Often	Prefer not to say
a. been denied education or training opportunities? ‘Denied’ means to not be given something that you want or need.					
b. been denied employment, or lost a job or source of income?					
c. been denied access to computers or the Internet?					
d. been denied your own personal mobile phone?					
e. been excluded or stopped from attending social gatherings or activities (parties, weddings, funerals)?					
f. been excluded or stopped from attending family activities (e.g. visiting relatives, family outings, holidays)?					
g. been denied access to health care?					
h. been denied access to public services and buildings (e.g. markets, banks, community centres)?					
i. Have people avoided contact with you e.g. moved away, refused to speak to you, refused to serve you?					

16. Of the people who have excluded you, or denied services or assistance, whose actions have affected you the most?

- Family members
- Friends or neighbours
- Colleagues or teachers
- Community members (e.g. shopkeepers, taxi drivers, religious leaders)
- Public service-providers (e.g. health-care-providers)
- Other, please specify _____
- Prefer not to say
- Not applicable (I have not been excluded or had services/assistance denied)

17. How often do you think you were excluded or denied access because you are a woman?

- Never
- Rarely
- Sometimes
- Often
- Don't know

18. How often do you think you were excluded or denied access because of your disability?

- Never
- Rarely
- Sometimes
- Often
- Don't know

19. Do you think you were excluded or denied access for another reason, e.g. your religion, ethnicity, age? If yes, please specify _____

20. Have there been other experiences of being excluded or denied services or assistance not already mentioned? _____

Section 4 - Experiences of abuse

This section asks whether you have ever experienced different types of abuse. ‘Abuse’ is when someone causes a person harm or distress. For each question, please select one of the options.

21. Have you ever experienced the following from people that you are close to?

Have any of them:	Never	Rarely	Sometimes	Often	Prefer not to say
a. teased, laughed at or gossiped about you?					
b. verbally abused you (e.g., yelled at, insulted, or threatened you)?					
c. physically abused you (e.g., pushed, hit, or hurt you in other ways)?					
d. stolen or destroyed things that belong to you (e.g. money, property, mobile, share in inheritance, important equipment)?					
e. forced you to be in a room or house alone?					

21a. Of people that you are close to, whose actions have been most hurtful to you? Select all that apply.

- Family members
- Friends/ close acquaintances
- Other (please specify) _____
- Prefer not to say
- Not applicable

22. How about people that you don't know very well (e.g. strangers, taxi drivers, service-providers, police, soldiers)?

Have any of them:	Never	Rarely	Sometimes	Often	Prefer not to say
a. verbally abused you?					
b. physically abused you?					
c. stolen or destroyed things that belong to you?					

22a. Of people that you don't know very well, whose actions have been most hurtful to you? Select all that apply.

- Colleagues
- Community members (e.g. shopkeepers, taxi drivers, religious leaders)
- Public service-providers (e.g. teachers, health-care-providers)
- Other _____
- Prefer not to say
- Not applicable

23. How often do you think these bad things happened because you're a woman?

- Never
- Rarely
- Sometimes
- Often
- Don't know

24. How often do you think these bad things happened because of your disability?

- Never
- Rarely
- Sometimes
- Often
- Don't know

25. Do you think these bad things happened for another reason, e.g. your religion, ethnicity, age? If yes, please specify _____

Section 5 - Experiences of discrimination and violence

This section asks whether you have ever experienced different types of discrimination or violence. ‘Discrimination’ means treating a person unfairly because of who they are or because they possess certain characteristics.

The questions may cause some bad memories and pain. We are asking about your experiences so that we can better prevent others from going through similar experiences. If you feel you would like to talk to someone, we can help you and refer you to someone who will support you. For each question, please select one of the options.

26. Has anyone harassed or intimidated you by phone or social media (e.g. by sending you intimate pictures or videos)? ‘Intimidate’ means to make someone fearful. ‘To harass’ means to put someone under pressure.
- Yes
 - No (Skip to Q.27)
 - Don’t know (Skip to Q.27)
 - Prefer not to say (Skip to Q.27)
- 26a. If yes, who? Select all that apply.
- Family member
 - Friend or close acquaintances
 - Colleague or manager
 - Stranger
 - Other _____
 - Prefer not to say
27. Has anyone made you engage in sexual activities (e.g. touching, kissing, sex) when you did not want to?
- Yes
 - No (Skip to Q.28)
 - Don’t know (Skip to Q.28)
 - Prefer not to say (Skip to Q.28)
- 27a. If yes, who? Select all that apply.
- Family member
 - Friend or close acquaintances
 - Colleague or manager
 - Service-provider
 - Stranger
 - Other _____
 - Prefer not to say
28. Have you been denied access to sexual or reproductive health services e.g. menstrual hygiene care, family planning services, contraception?
- Yes
 - No
 - Don’t know
 - Prefer not to say
29. Have you been forced to marry? ‘Forced’ means being made to do something you do not want to?
- Yes
 - No
 - Prefer not to say
30. Have you ever had a medical procedure without your knowledge/agreement or that you did not want e.g. sterilization, abortion?
- Yes
 - No
 - Don’t know
 - Prefer not to say
31. How often do you think these bad things happened because you’re a woman?
- Never
 - Rarely
 - Sometimes
 - Often
 - Don’t know
32. How often do you think these bad things happened because of your disability?
- Never
 - Rarely
 - Sometimes
 - Often
 - Don’t know
33. Do you think these bad things happened for another reason, e.g. your religion, ethnicity, age? If yes, please specify _____
-

34. If you have experienced discrimination or abuse, have you told anyone about these things?

- Yes
- No (Skip to Q.35)
- Prefer not to say
- Not applicable (Skip to Q.35)

34a. Did you receive any support?

- Yes. From whom? _____
- No

35. These questions ask about support available to women who experience violence. In your opinion, to what extent are the following involved in supporting women with disabilities who have suffered or suffer from violence?

	A lot	A little	Not at all
Police			
Human rights organizations/women's rights organizations			
Medical personnel/ institutions			
Social workers			
Counsellors/ psychologists			
Paralegals			
Local public authority (e.g. mayor)			
Family/relatives			
Friends/neighbours			
Priests/religious groups			
Others			

36. Where would you ask for help or support in case you ever experienced violence? Please select 3, in order of priority

	Priority 1	Priority 2	Priority 3
Police			
Human rights organizations/women's rights organizations			
Medical personnel/ institutions			
Social workers			
Counsellors/ psychologists			
Paralegals			
Local public authority (e.g. mayor)			
Family/relatives			
Friends/neighbours			
Priests/religious groups			
Others			

Section 6 - Responses to stigma and discrimination

This section asks about your feelings about yourself and things you may do when you experience stigma or discrimination. ‘Discrimination’ means treating a person unfairly because of who they are or because they possess certain characteristics. ‘Stigma’ means harmful attitudes, beliefs or acts against someone based on a certain characteristic.

37. To what extent do the following statements hold true for you?

	Never	Rarely	Sometimes	Often
a. You can have a positive view of yourself even when others don't				
b. When you experience prejudice and/or discrimination, you know that it's wrong.				
c. Confronting prejudice and discrimination means doing what you want to do, no matter what others think about you				
d. You know you have many strengths (despite your difficulties)				
e. You remind yourself that your difficulties do not define you				
f. You challenge negative thoughts about your difficulties				

Section 7 - Rights and effecting change

This section asks about different human rights and how aware you are of them. ‘Human rights’ are things that we all should be able to have or do.

38. How aware are you of your right to:

	Not at all aware	A little aware	Very aware
Equality and non-discrimination (equality means that everyone has the same opportunities)			
Protection from violence, abuse and exploitation (abuse is when someone causes you harm or distress)			
Education and work			
Live with dignity within my family and the community			
Privacy and a personal life (privacy is the right to be alone or have information about yourself kept secret)			
Access to justice and legal rights			
Political participation			
Financial rights, including the right to control your monies and salary			
Health, recovery and development			
Access to sexual and reproductive health and rights services			
Access to prevention, protection and response services			

39. Help with your rights and effecting change:

	Never	Rarely	Sometimes	Often
a. Have your family and/or friends helped you to stand up for your rights?				
b. Have community leaders and/or organizations helped you to stand up for your rights?				
c. Has it been easy to access community leaders, politicians or government officials to discuss rights-based issues?				
d. Have you had opportunity to challenge or educate someone who is treating you or other people unfairly because of a disability?				
e. Have you participated in campaigns, advocacy groups or meetings to improve the lives of people with disabilities?				

40. What opportunities would you like to have to find out more about your rights?

41. Are there other ways you have stood up for the rights of women or people with disabilities?

42. Before closing, is there anything else you would like to share about experiences of prejudice or discrimination, or your interactions within your family?

If you would like to access support, here are some organizations that you could access:

**Information about organizations, support networks and routes to accessing information to be provided specific to each country/locality*

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