POLICY PAPER

ADDRESSING STIGMA AND DISCRIMINATION TO ELIMINATE VIOLENCE AGAINST WOMEN WITH DISABILITIES

LESSONS FROM THE "ADDRESSING STIGMA AND DISCRIMINATION EXPERIENCED BY WOMEN WITH DISABILITIES (ASDWD) PROJECT" IN PAKISTAN, PALESTINE, REPUBLIC OF MOLDOVA AND SAMOA

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UN WOMEN
New York, August 2024

LESSONS FROM THE "ADDRESSING STIGMA AND DISCRIMINATION EXPERIENCED BY WOMEN WITH DISABILITIES (ASDWD) PROJECT" IN PAKISTAN, PALESTINE, REPUBLIC OF MOLDOVA AND SAMOA

UN WOMEN

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INTRODUCTION

This policy paper provides recommendations for policymakers to address the findings highlighted through the project "Addressing Stigma and Discrimination Experienced by Women with Disabilities" (ASDWD), which was developed in partnership with United Nations Development Programme (UNDP) and UN Women offices, local organizations of people with disabilities and individual women with disabilities who contributed across Pakistan, Palestine, Republic of Moldova[1] and Samoa, with funding from the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). Researchers from University College London were engaged throughout as thematic consultants for the joint project.

A key objective of the ASDWD project was to create a new measure to assess the experiences of women and girls with disabilities regarding stigma, discrimination and gender-based violence. The project had two main components. First, it focused on developing a tool to gather evidence on the intersection of disability and gender-based stigma and discrimination. To this end, surveys were undertaken in four countries, employing a participatory approach, involving close collaboration with local partners and women with disabilities.[2] Ethical guidelines were established to ensure a human-rights-based approach and minimize harm.[3] The Women with Disability Stigma Inventory (WDSI) survey underwent pilot testing and further revisions, followed by field testing in each country.[4] Data collectors received training on ethical guidelines and survey administration. Various sampling methods were employed in each country. The survey reached a total of 667 participants, with 110 in Moldova, 93 in Pakistan, 337 in Palestine, and 127 in Samoa. A diverse range of women with disabilities were surveyed, including women with cognitive and communicative impairments, who are often underrepresented in such research. While the collected data, due to limitations and differences in sample sizes, cannot be used for cross-country analysis, it is nevertheless indicative.[5] It is important to note that the data likely underestimates the issues, as a proportion of respondents indicated a preference not to answer some sensitive questions. Second, the project employed a behavioural insight approach to design and test interventions that aimed to reduce stigma and discrimination, particularly related to sexual and gender-based violence experienced by women and girls with disabilities in project countries. Finally, workshops and webinars were held with participants to validate and finalize findings and recommendations.

Photo: UN Women/Samar Abu Al-ouf

1 Henceforth Moldova.

2 Scior et al. 2024.

3 Ibid.

4 Ibid.

5 Ibid.

TABLE 1

Responses to functioning/disability related questions in the project[6]

	Moldova n (%)	Pakistan n (%)	Palestine n (%)	Samoa n (%)	Full sample n (%)
	110(16.4)	93 (13.9)	337 (50.3)	130 (19.4)	670
Difficulty seeing[a]	44 (40)	17 (18.27)	44 (13.05)	22 (16.9)	127 (19)
Difficulty hearing[a]	3 (2.7)	7 (7.5)	41 (12.2)	29 (22.3)	80 (11.3)
Difficulty walking[a]	52 (47.2)	52 (55.9)	96 (28.5)	24 (18.5)	224 (33.4)
Difficulty remembering[a]	22 (20)	8 (8.6)	27 (8.01)	19 (14.6)	76 (11.3)
Difficulty with self-care[a]	17 (15.5)	28 (30.1)	37 (11)	15 (11.5)	97 (14.5)
Difficulty communicating[a]	3 (2.7)	5 (5.4)	26 (7.7)	34 (26.2)	68 (10.1)
Difficulties visible to others	86 (78.2)	72 (77.4)	227 (67.4)	110 (84.6)	495 (73.9)
Use an assistive device	49 (44.5)	59 (63.4)	184 (54.6)	58 (44.6)	350 (52.2)
Require help from others	64 (58.2)	72 (77.4)	134 (39.8)	59 (45.4)	329 (49.1)
Own a disability registration card	107 (97.3)	50 (53.8)	192 (57)	86 (66.2)	435 (64.9)
Had difficulty being registered for the card	31 (28.2)	33 (35.5)	38 (11.3)	34 (26.2)	136 (20.3)

a: Proportion of participants who said they either could not do this at all or only with great difficulty, in line with guidance issued by the Washington Group on Disability Statistics.[7]

WOMEN WITH DISABILITIES

The Convention on the Rights of Persons with Disabilities states that: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which when interacting with various barriers, may hinder their full and effective participation in society on an equal basis with others".[8]

People with disabilities constitute a significant portion of the global population, an estimated 1.3 billion people – or 16 per cent of the global population.[9] More women live with disabilities than men, with estimates ranging from 11 to 60 per cent higher[10], with more women acquiring disabilities later in the lifecycle. There are diverse types of disabilities: physical disabilities, including impairments affecting mobility or bodily functions; sensory disabilities, encompassing impairments related to the senses; intellectual disabilities, involving limitations in intellectual functioning; mental health disabilities, including depression, anxiety disorders, bipolar disorder or schizophrenia, and developmental disabilities, encompassing conditions like autism spectrum disorder; and communication disabilities, involving difficulties in speech, language or expression. It is important to note that these categories are not exhaustive, and disabilities can manifest in numerous ways, with individuals often experiencing multiple types simultaneously.

6 Scior and Hamid 2023.

7 Washington Group on Disability Statistics (2020). An Introduction to the Washington Group on Disability Statistics Question Sets. Available at https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/An_Introduction_to_the_WG_Questions_Sets__2_June_2020_.pdf.

8 United Nations 2006.

9 WHO 2023.

10 WHO and the World Bank 2011.

THE SOCIAL MODEL OF DISABILITY

The paradigm shift from the medical model of disability to the social model was a significant development in understanding the rights and obligations of people with disabilities. The medical model views disability as an individual's impairment or health condition that needs to be fixed or treated. It focuses on medical interventions and therapies to enable individuals to adapt to society's mainstream norms. However, this approach neglects the social and environmental barriers contributing to the exclusion and marginalization of people with disabilities.

The social model of disability emerged in the 1970s as a response to the limitations of the medical model.[11] It emphasizes that disability is not solely a result of an individual's impairment but is shaped by societal barriers, attitudes and discrimination. According to the social model, disability arises from the interaction between an individual and their environment, which may include physical, cultural and attitudinal barriers. It advocates for removing these barriers and creating an inclusive society that enables full participation and equal opportunities for individuals with a disability. It seeks changes in physical infrastructure, policies and attitudes, such as accessible buildings, inclusive education, employment opportunities and social inclusion initiatives.

This paradigm shift has had a profound impact on disability rights, advocacy and policymaking globally. It has influenced the Convention on the Rights of Persons with Disabilities, which promotes the social model approach and recognizes and outlines the rights of people with disabilities.

HUMAN RIGHTS FRAMEWORKS

While numerous international frameworks and agreements reflect the rights of women with disabilities, the two most important for the purpose of this paper are the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

CRPD

CRPD is an international treaty adopted by the United Nations General Assembly in 2006. It is the first comprehensive human rights treaty specifically addressing the rights of persons with disabilities. The CRPD aims to promote, protect and ensure the full enjoyment of human rights by persons with disabilities without discrimination. It recognizes that persons with disabilities have inherent dignity and equal rights and should be able to participate fully in all aspects of life. The convention not only addresses civil and political rights but also emphasizes social, economic and cultural rights to create an inclusive and accessible society for persons with disabilities.

11 Shakespeare 2014.

The CRPD covers a wide range of issues related to the rights of persons with disabilities. It addresses the right to equality and non-discrimination, ensuring that persons with disabilities are not excluded from society or subjected to any form of discrimination. The convention recognizes the right to accessibility, calling for the removal of barriers and the provision of reasonable accommodations to enable persons with disabilities to fully participate in all areas of life.

CEDAW

CEDAW is an international treaty adopted by the United Nations General Assembly in 1979. ("Convention on the Elimination of All Forms of Discrimination Against ...") Often referred to as the international bill of rights for women, CEDAW serves as a crucial instrument in advancing women's rights and fostering gender equality globally. CEDAW aims to promote and protect women's rights and eliminate all forms of discrimination against women in both public and private spheres. The convention recognizes that gender-based discrimination hinders women's full participation in society and restricts their enjoyment of human rights. CEDAW provides a comprehensive framework for addressing gender inequality and advocates for gender equality in various areas of life.

CEDAW addresses the political, economic, social, cultural and civil rights of women, emphasizing equal access to education, employment and health care for women, and calling for the elimination of violence against women, including domestic violence, trafficking and harmful practices such as female genital mutilation. Additionally, CEDAW recognizes the importance of women's participation in decision-making processes and encourages women's advancement in political and public life. All of these rights are relevant for policymakers delivering public services and policies for women with disabilities.

INTERSECTIONALITY

Intersectionality is a critical framework that recognizes the interconnected nature of various social identities, such as race, gender, class, sexuality and ability, and how they intersect to shape an individual's experiences of privilege and oppression. Developed by scholar Kimberlé Crenshaw in 1989, the concept of intersectionality has since gained widespread recognition and has become a cornerstone of contemporary social analysis.[12]

Intersectionality "identifies hidden structural barriers and supports an understanding of how individual experiences differ, even within already marginalized or underrepresented groups."[13] By highlighting the interplay between multiple forms of discrimination and disadvantage, intersectionality brings attention to the complex and overlapping systems of power that affect individuals and communities.

The concept of intersectionality emphasizes the need to consider the experiences of individuals and groups within the context of their multiple identities. For instance, a woman with a disability will face distinct challenges that arise from the intersection of both ableism and sexism. These intersections can lead to unique forms of discrimination and marginalization that cannot be adequately understood by examining each factor in isolation. By acknowledging the intersecting dimensions of identity, intersectionality allows for a more nuanced understanding of the complex ways in which power and privilege operate.[14]

UN Women Global Disability Inclusion and Intersectionality Portfolio (DIIP) Initiative on Intersectionality started pushing intersectional approach across UN system through targeted advocacy specially with UN Funds, Programmes, and Agencies. Based on actual needs of Country Offices and UN Country Teams, UN Women launched the Global Toolkit and Resource Book on Intersectionality in 2023, a result of joined up partnership with UN agencies and organisations of persons with disabilities (OPDs).

12 Crenshaw, K. 1989.

13 UN Women 2021.

14 Crenshaw 1989.

Intersectional approaches to the prevention of violence against women and girls (VAWG) are receiving more attention around the world in the light of increased awareness in the past few decades of the fact that many women's and girls' lives are shaped by multiple vulnerabilities that can interact to exacerbate each other. The COVID-19 pandemic has further highlighted the fact that existing vulnerabilities can intersect with gender in complex ways, putting some women and girls more at risk of VAWG than others. This requires intersectional approaches that critically examine how vulnerabilities overlap in women's and girls' lives, compounding their risk of experiencing VAWG and creating barriers to accessing VAWG prevention services. The Sustainable Development Goals' focus on "leaving no one behind" emphasizes inclusive approaches to VAWG that also centre intersectionality. Intersectional approaches also pay close attention to power relations and systems that create and maintain complex patterns of intersecting vulnerabilities to violence in the lives of women and girls. In engaging with these vulnerabilities, these approaches avoid viewing women or girls as innately vulnerable or in need of protection..[15]

This policy paper takes an intersectional approach to understanding violence against women with disabilities. Traditional prevention approaches to ending violence against women and girls (VAWG) that do not incorporate an analysis of ableism, or the discrimination and oppression faced by people with disabilities, are likely to be inadequate in addressing the root causes of violence against women and girls with disabilities. Ableism, like other forms of oppression, intersects with gender to create unique experiences and challenges for women with disabilities.

These ableist dynamics intersect with gender-based discrimination to create a distinct context where women with disabilities are particularly at risk from violence, abuse and neglect. Failure to address ableism not only overlooks the specific forms of violence experienced by this group but also neglects the structural and attitudinal barriers that perpetuate such violence. It also undermines the effectiveness of service-providers, frontline responders and the justice system. In this sense, what is needed is not to "bolt-on" disability to existing EVAW programmes but to look at completely different entry points that take into account these different kinds of risks.

Photo: UN Women/Asfandyar Khan

15 UN Women 2021.

EXCLUSION OF WOMEN WITH DISABILITIES IN PROJECT COUNTRIES[16]

TABLE 2

Exclusion experienced by women with disabilities[17]

	Moldova n (%)	Pakistan n (%)	Palestine n (%)	Samoa n (%)	Full sample n (%)
Denied educational opportunities	18 (16.4)	48 (51.6)	82 (24.3)	55 (42.3)	203 (30.3)
Denied employment	27 (24.5)	40 (43)	95 (28.2)	35 (26.9)	197 (29.4)
Denied computer access	1 (0.9)	28 (30.1)	34 (10.1)	26 (20)	89 (13.3)
Denied mobile access	3 (2.7)	33 (35.5)	22 (6.5)	25 (19.2)	83 (12.4)
Denied bank account	3 (2.7)	22 (23.7)	25 (7.4)	25 (19.2)	75 (11.2)
Excluded from family events	5 (4.5)	35 (37.6)	60 (17.8)	37 (28.5)	137 (20.4)
Excluded socially	6 (5.5)	40 (43)	68 (20.2)	31 (23.8)	145 (21.6)
Excluded from religious activities	6 (5.5)	26 (28)	44 (13.1)	33 (25.4)	109 (16.3)
Denied access to healthcare	11 (10)	27 (29)	43 (12.8)	24 (18.5)	105 (15.7)
Denied access to public buildings	11 (10)	50 (53.8)	83 (24.6)	18 (13.8)	162 (24.2)
Denied access to (public) transport	11 (10)	48 (51.6)	90 (26.7)	28 (21.5)	177 (26.4)
Others avoided contact	20 (18.2)	44 (47.3)	71 (21.1)	52 (40)	187 (27.9)
Gender perceived as reason for exclusion	7 (6.4)	47 (50.5)	126 (37.4)	missing	180 (26.9)
Disability perceived as reason for exclusion	28 (25.5)	64 (68.8)	195 (57.9)	missing	287 (42.8)

Project survey data indicate that women with disabilities experience disproportionately high rates of exclusion across Moldova, Pakistan, Palestine and Samoa.[18] Most survey participants expressed a strong perception that their exclusion was mainly attributed to their disability and not solely based on their gender.[19]

To effectively combat gender-based violence, it is crucial to situate efforts within a broader framework that strives for equal opportunities and rights for women with disabilities, aligning with the principles of the CRPD Convention. This comprehensive approach necessitates a thorough examination of existing legislation and policies pertaining to areas such as marriage, land and inheritance rights, infrastructure, education, health care and employment, and of particular importance is the review and inclusion of equal opportunity and reasonable accommodation provisions in legislation.

16 Of note, a substantial proportion of women chose the 'prefer not to say' response, particularly in Pakistan and Palestine – this was highest when asked whether they had been denied a bank account (19.4% in Pakistan, 9.8% in Palestine, and 3.6% of participants in Moldova chose 'prefer not to say'); thus, the figures presented are very likely to be an underestimate.

17 Scior and Hamid 2023.

18 Country level workshops were undertaken to address specific, localised policy responses.

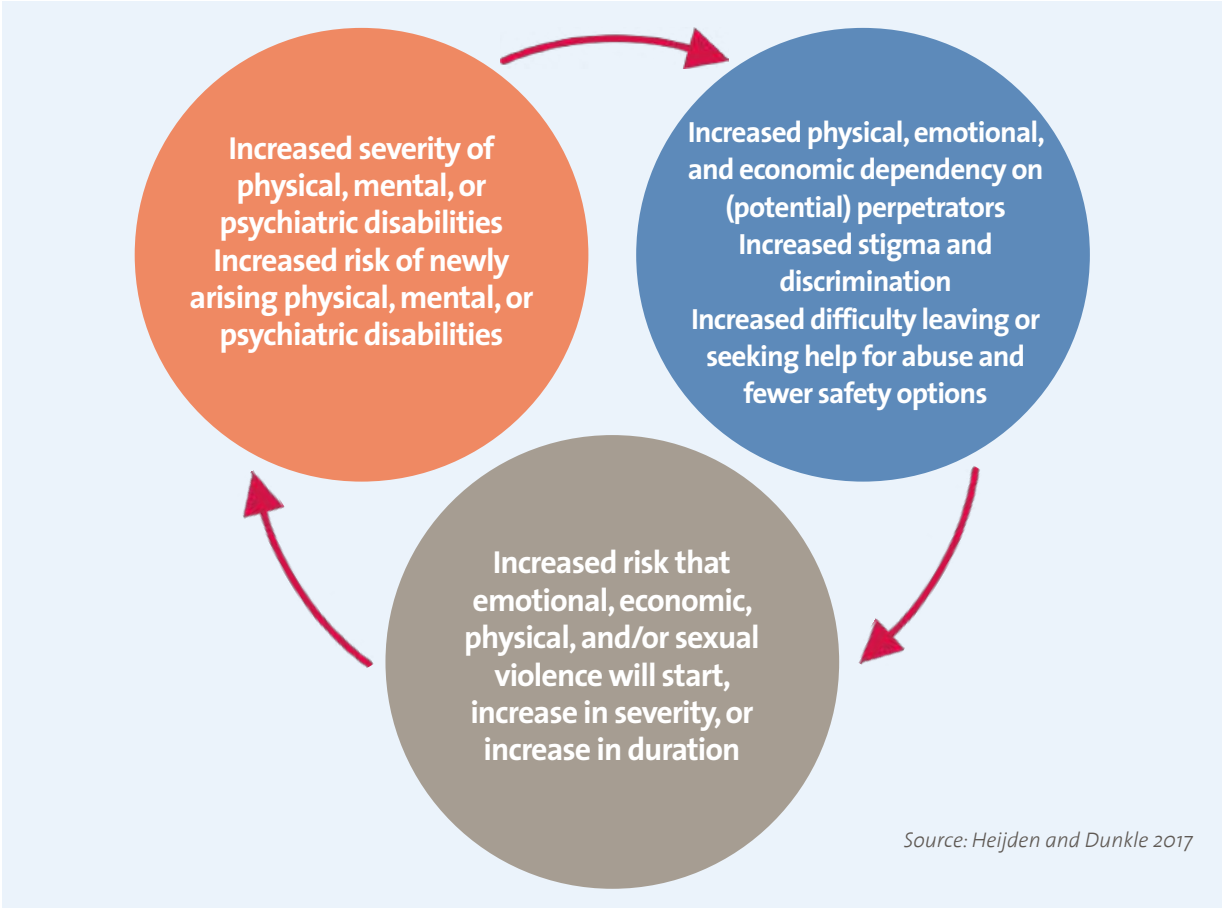
19 Ibid.

BACKGROUND: VIOLENCE AGAINST WOMEN WITH DISABILITIES

Forty percent of women with disabilities (roughly 1.2 million), have experienced physical violence since the age of 15, compared with 26 per cent, or 1.7 million women without a disability.[20] Research indicates that women with disabilities are 2 to 4 times more likely to experience intimate partner violence than women without disabilities.[21]

Women with disabilities face higher rates of violence because they experience violence perpetuated both on the basis of their gender and due to their disability status. Meanwhile, experiences of violence by all women and girls can have significant, long-term impact on both their physical and mental health. Thus, the relationship between disability and violence is reciprocal as disability enhances the risk of violence, while violence itself can lead to (or increase severity of) disabilities.[22]

FIGURE 1
Cycle of violence and disability



Source: Heijden and Dunkle 2017

20 Brownridge 2006.

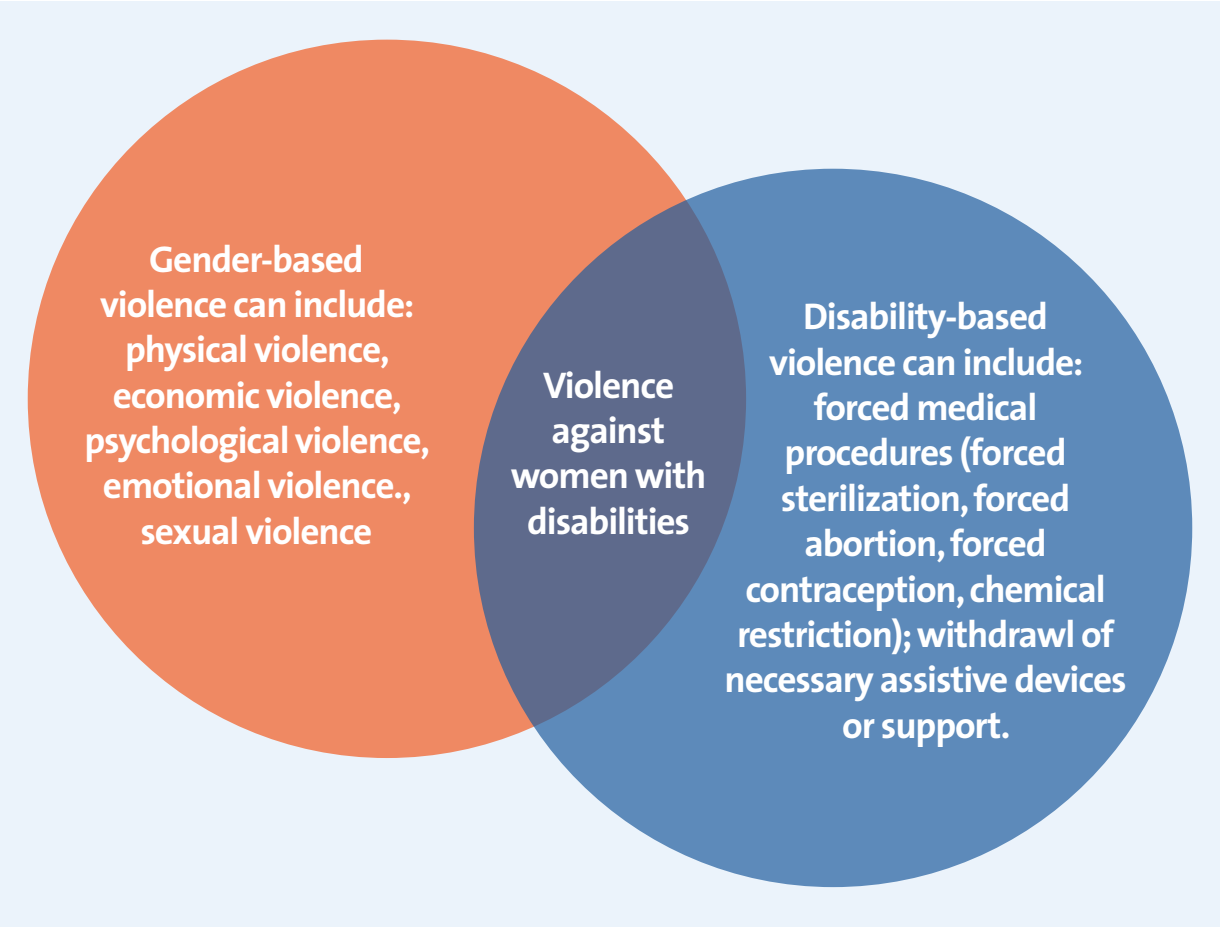
21 Dunkle et al. 2018.

22 Heijden and Dunkle 2017.

While women and girls with disabilities experience many of the same forms of violence, they also experience unique types of violence, including forced medical procedures, such as forced abortion or sterilization. They may also face withdrawal or denial of necessary assistive devices, support services or daily necessities, which further exacerbates their vulnerability. Moreover, isolation and financial abuse are common, with many women with disabilities experiencing manipulation or control over their finances by others, often in the form of conservatorship or guardianship arrangements. Furthermore, women and girls with disabilities experience additional barriers to accessing post-violence services as well as prevention interventions.

FIGURE 2

Forms of gender-based and disability-based violence



Women with disabilities are not a homogenous group – certain groups of women face much higher risks of violence and abuse, such as women with intellectual disabilities. For example, studies from Australia show extremely high rates of sexual violence against women with intellectual disabilities, with 90 per cent having experienced sexual abuse during their lifetime.[23]

Studies show that the violence that women with disabilities experience is significantly "more severe, persists for longer, and results in more serious injuries than for women without disability".[24]

23 Disability Royal Commission 2021.

24 Dowse et al. 2013.

Understanding the different settings, environments and locations where women and girls with disabilities live or receive support, such as family or group homes is crucial to formulating an understanding of gender-based violence (GBV) against individuals with disabilities and addressing it. Perpetrators of violence can often be caregivers and women with disabilities often find themselves trapped by perpetrators of violence because they are financially and/or socially dependent on them for survival.[25]

Violence against women with disabilities is often not reported, and when it is, survivors often face revictimization through retribution, such as withdrawal of support or isolation. It is widely recognized that the available data relating to violence against women with disabilities underestimate the level of risk and prevalence of violence and abuse. Data collection initiatives on violence against women broadly, and violence against women with disabilities in particular, too often do not include women with disabilities in the conceptualization, definition, implementation, analysis and results sharing of the survey, which impacts the extension and quality of available evidence.

Women and girls with disabilities face significant barriers in seeking justice and services for violence and abuse, including legal and institutional discrimination and exclusion.[26] Justice systems continue to perpetuate negative stereotypes, prejudices and harmful beliefs that hinder reporting and justice for women with disabilities. Often people may question the reliability of women with disabilities as witnesses. For example, a survey of women and girls with disabilities in Samoa who had experienced violence and abuse found that 60 per cent chose not to report the violence and abuse they had endured, with 71.4 per cent citing fear as the reason, 14.3 per cent mentioning shame, and the remaining 14.3 per cent pointing to the attitude of service providers.[27] Reporting such cases and accessing essential services and assistance for addressing VAW pose significant challenges, as these services are often not inclusive of, nor easily accessible to, persons with disabilities.[28]

These various forms of violence intersect and compound the challenges faced by women with disabilities, necessitating comprehensive efforts to address the underlying systemic issues. It is crucial to promote inclusive policies, enhance access to support services and raise awareness about the specific risks faced by women with disabilities, to ensure their safety, autonomy and well-being.

Photo: UN Women Moldova

25 Human Rights Watch 2010. This study gave a number of examples whereby the abuser was someone the person was dependent on.

26 Maher et al. 2018; Healey 2013.

27 Pacific Disability Forum, NOLA and UN Women 2020.

28 Ibid.

EXPERIENCE WITH VIOLENCE AND ABUSE AGAINST WOMEN IN MOLDOVA, PAKISTAN, PALESTINE AND SAMOA

TABLE 3

Experiences of violence against women with disabilities, according to surveys in the four project countries[29]

	Moldova n (%)	Pakistan n (%)	Palestine n (%)	Samoa n (%)	Full sample n (%)
Made to engage in unwanted sexual activity	4 (3.6)	9 (9.7)	26 (7.7)	24 (18.5)	63 (9.4)
Forced into marriage	4 (3.6)	4 (4.3)	15 (4.5)	5 (3.8)	28 (4.2)
Denied access to sexual health or reproductive health services	2 (1.8)	2 (2.2)	15 (4.5)	5 (3.8)	24 (3.6)
Undergone a medical procedure without consent	8 (7.3)	4 (4.3)	16 (4.7)	6 (4.6)	34 (5.1)
Harassed by phone or social media	13 (11.8)	9 (9.7)	33 (9.8)	23 (17.7)	78 (11.6)

29 These figures are not directly comparable due to a range of factors. However, they are likely underestimates. Katrina Scior, researcher leading the field work indicates in her Back to Mission Report that "The number of 'prefer not to say' responses for some of these questions was quite high – asked if they had been forced into marriage, 11.3% of women in Palestine and 5.5% of women in Pakistan and Moldova chose 'prefer not to say'. Across the whole sample, 2.8% of women chose 'prefer not to say' when asked whether they had been the victim of sexual assault (representing 4.3% of respondents in Pakistan, 3.6% in Palestine, and 2.7% in Moldova). Also, across the whole sample, 3.6% chose 'prefer not to say' when asked whether they had been denied access to sexual or reproductive health services, and 3.9% when asked about any medical procedure performed without their consent. In addition, in Pakistan data collectors reported that many of the women interviewed were clearly very reluctant to report experiences of gender-based violence and other forms of abuse. As such, all data but particularly the data for Pakistan should be viewed with caution and as likely to significantly under-estimate the true incidence of violence against women with disabilities.".

TABLE 4

Abuse of women with disabilities, by perpetrator and by perceived reasons for abuse, according to surveys in the four project countries

	Moldova n (%)	Pakistan n (%)	Palestine n (%)	Samoa n (%)	Full sample n (%)
Abuse perpetrated by close others					
Physically abused	15 (13.6)	28 (30.1)	43 (12.8)	31 (23.8)	117 (17.5)
Laughed at or teased	25 (22.7)	55 (59.1)	113 (33.5)	53 (40.8)	246 (36.7)
Verbally abused	24 (21.8)	52 (55.9)	105 (31.2)	50 (38.5)	231 (34.5)
Stolen from you	6 (5.5)	20 (21.5)	39 (11.6)	29 (22.3)	94 (14)
Forced to be alone in room/home	5 (4.5)	29 (31.2)	38 (11.3)	10 (7.7)	82 (12.2)
Abuse perpetrated by service-providers and strangers					
Laughed or teased	14 (12.7)	37 (39.8)	71 (21.1)	38 (29.2)	160 (23.9)
Verbally abused	16 (14.5)	37 (39.8)	68 (20.2)	39 (30)	160 (23.9)
Physically abused	6 (5.5)	20 (21.5)	36 (10.7)	20 (15.4)	82 (12.2)
Stolen from you	5 (4.5)	12 (12.9)	20 (5.9)	23 (17.7)	60 (9)
Prevented from using assistive devices	1 (0.9)	20 (21.5)	14 (4.2)	13 (10)	48 (7.2)
Perceived reasons for abuse					
Gender perceived reason for abuse	7 (6.4)	46 (49.5)	101 (30)	36 (27.7)	190 (28.4)
Disability perceived reason for abuse	22 (20)	66 (71)	196 (58.2)	42 (32.3)	326 (48.7)

The survey data reveal concerning rates of violence and abuse against women with disabilities. Approximately 17.5 per cent of women reported experiencing physical violence by a close person, while nearly 9.4 per cent reported experiencing rape. As many participants chose the "prefer not to say" option, these figures are likely to significantly underestimate rates of violence and abuse.

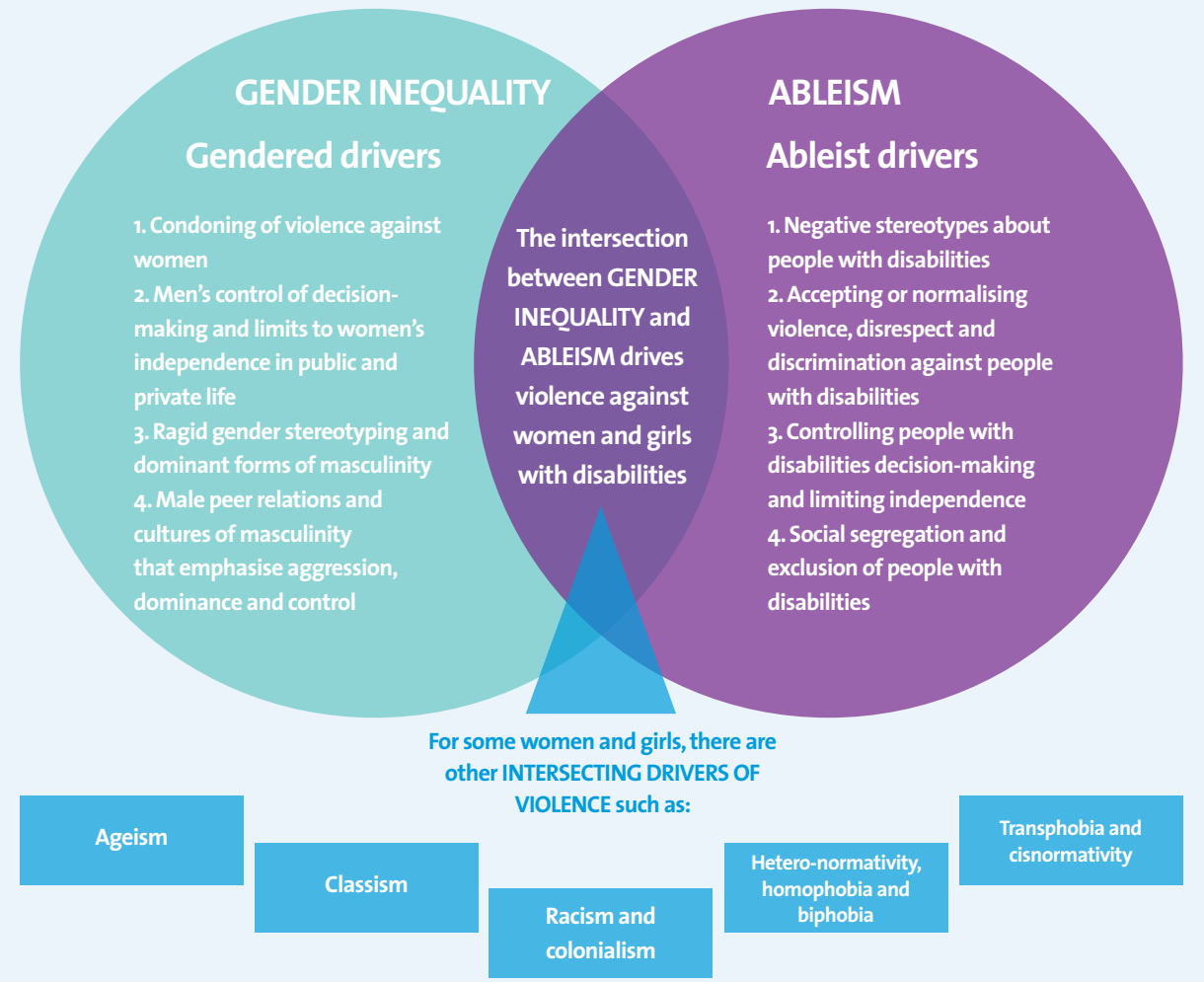
The data also highlights evidence of ableist violence, specifically the withdrawal of assistive devices and isolation. Reports indicate that between 5 and 7 per cent of women experienced the withdrawal of assistive devices and isolation, respectively. The denial of assistive devices, which are crucial for their independence and mobility, has a severe impact on their quality of life.

It is noteworthy that almost one-third of those who participated in the survey said they saw the abuse linked to gender-based factors, while approximately half of survey participants felt the abuse and violence were experienced due to their disability. These findings underscore the importance of addressing the intersectional nature of violence against women with disabilities.

To effectively address these challenges, comprehensive measures must be taken to combat violence and abuse against women with disabilities.

FIGURE 3

The intersecting drivers of VAW based on ableism and gender inequality



Note: Our Watch and Women with Disabilities Victoria's conceptual model provides a visual depiction of the intersection of the drivers of violence against women with disabilities.[30]

30 Our Watch and Women with Disabilities Victoria 2022.

RECOMMENDATIONS

Preventing and responding to violence against women with disabilities requires a comprehensive and multi-faceted approach. It includes strengthening legal frameworks, enhancing support services, ensuring that an inclusive lens is applied to prevention efforts, raising societal awareness, improving data collection and promoting intersectoral collaboration. It is also crucial to prioritize the voices, experiences and agency of women with disabilities in developing and implementing policies and interventions. To that end, suggestions obtained through project workshops, reports and best practice indicate the following recommendations:

1. Enhance the voice and agency of women with disabilities

Women with disabilities experience a high level of exclusion. They are often not consulted on, or employed in, work that directly affects them. If they are consulted or involved it is often tokenistic and too late in a process, and they are almost never compensated for their contributions. To enhance the voice and agency of women with disabilities, it is imperative support their empowerment to actively participate in decision-making processes to advocate for their rights. The following actions can help promote such involvement:

a. **Strengthening collaboration and partnerships between OPDs and VAWG actors.** OPDs (organizations of persons with disabilities) are vital allies in promoting the rights and well-being of women with disabilities. By engaging and partnering with OPDs, particularly those led by women, governments and other actors involved in EVAWG efforts can leverage their expertise, while tapping into grass-roots networks, and gaining a deeper understanding of the challenges faced by women with disabilities. These organizations offer invaluable insights into the lived experiences of women with disabilities, the barriers they confront, and the necessary solutions for meaningful change. Collaborating with OPDs ensures that efforts to address violence are rooted in the realities of those directly affected. Considering the typically limited funding of OPDs, it is important to explore funded partnerships, whenever feasible. Meanwhile, strengthening collaboration and partnership between OPDs and VAWG actors and practitioners is also crucial for capacity building and advocacy skills of women and girls with disabilities. EVAW practitioners could provide support to OPDs to strengthen their capacities on preventing and responding to VAWG.

b. **Employing women with disabilities in tematic programming, projects and policy development with ensure their lived experience is integrated into programming:** Employment of women with disabilities in thematic projects and initiatives i.e.ending violence against women etc. would ensure incorporation of lived experiences in programming.

c. **Establishing disability inclusion advisory committees/consultative groups.** Disability Inclusion advisory committees, consultative groups, expert panels etc. can be established in relevant ministries and services responsible for addressing violence against women with disabilities. These groups and/or committees should include diverse women with disabilities, representing various types of disabilities. By adopting this collaborative approach, the policymaking process can effectively incorporate the perspectives and needs of women with disabilities. This should be renumerated.

d. **Supporting initiatives to improve greater gender representation in OPDs.** To ensure that women with disabilities hold visible and influential positions within OPDs at local, regional and national levels, intentional efforts can be made to fund and support the active participation of women with disabilities in leadership roles and decision-making bodies within OPDs.

It is essential to recognize and value the unique perspectives and contributions of women with disabilities in shaping the agendas and priorities of these organizations.

e. Undertaking training to address harmful ableist and gender norms and stigma in organisations working in both the disability and EVAWG space.

2. Review and amend legislation to ensure compliance with international human rights frameworks

To address violence against women with disabilities, legislation needs to be reviewed, amended or enacted to ensure that the full rights of people with disabilities are recognized. Legislation needs to specifically address violence against women with disabilities, including provisions for prevention, protection and access to justice. While all legislation needs to be reviewed, priority recommendations include laws pertaining to violence and abuse, marriage, divorce, procedural accommodation, land and inheritance rights, legislation regarding living arrangements, medical legislation; legislation related to substituted decision making (guardianship orders) and legislation related to reproductive rights. In addition, accessibility, non-discrimination and reasonable accommodation should be mainstreamed. It is imperative that laws are inclusive, considering the specific experiences and needs of women with disabilities, and encompass all forms of violence, such as physical, sexual, psychological and economic abuse, alongside the different types of abuse specifically experienced by women with disabilities. In particular:

a. Legislation needs to be reviewed and/or enacted to ensure that the full rights of people with disabilities are recognized in line with requirements under the CRPD, including reasonable adjustment provisions and removing substituted decision-making from any laws and replacing with supported decision-making.[31]

b. Legislation should be consulted with and reviewed by women with disabilities, for example, a disability advisory committee, reflecting the diversity of women with disabilities.

c. To effectively combat abuse, exploitation and violence against women with disabilities, it is imperative to implement comprehensive legislation, criminalizing all forms of VAW, including harmful practices frequently inflicted upon individuals with disabilities. These practices encompass a wide range of violence and abuse, such as rape, domestic and intimate-partner violence, trafficking, child and forced marriage, female genital mutilation, accusations of witchcraft or being cursed, confinement and concealment of individuals with disabilities, non-consensual psychiatric interventions, as well as other disability-specific non-consensual medical or social interventions and financial abuse. Legislation should prevent forced abortion, forced contraception and diverse forms of physical, psychological, economic and sexual abuse.

d. Particular attention should be given to protecting groups of women with disabilities that face intersectional risks, including children, older persons, individuals of all sexual orientations and gender identities, members of cultural minorities, Indigenous persons with disabilities and individuals with specific types of impairments, such as intellectual disabilities. This should include establishing clear guidelines for reporting, including independent mechanisms, and investigating cases of violence against women with disabilities, promoting sensitivity and accessibility within the reporting and justice system.

e. Ensure regular reporting on the rights of women with disabilities, particularly on prevention efforts. All State parties bear the responsibility of regularly submitting reports to the Committee on the Rights of Persons with Disabilities to outline the implementation of disability rights, including article 16 on Freedom from Exploitation, Violence and Abuse.

31 If such text does not exist, it could include wording such as: *The State takes measures to ensure that persons with disabilities, including women and girls, are not subject to discrimination – directly or indirectly – and enjoy all human rights and fundamental freedoms. The State shall take affirmative action in favour of groups marginalized on the basis of disability for the purpose of redressing imbalances that exist against them and provide reasonable adjustments to enable their full participation in society and the effective realization of their rights. The State takes measures to ensure that women and girls with disabilities can enjoy all human rights, including sexual and reproductive health rights, decision-making and inclusion in all aspects of life, and receive protection from all acts of violence, including sexual exploitation..*

3. Address the invisibility and underrepresentation of women with disabilities in prevalence data

Historically, women with disabilities have been marginalized and excluded in research, data and policy, leading to their underrepresentation in official reporting. Some researchers have described this as a "profound silence" surrounding the issue of violence against women with disabilities.[32] While progress on improving data is being made[33], obtaining specific data on violence against women and girls with disabilities can be inadequate due to a range of circumstances. Current data-collection methods may overlook the diverse experiences of these women, including specific forms of violence they face. Household-focused data-collection methods may neglect those in supported accommodation or institutions. Some people may not wish to disclose their disability. Different definitions of disabilities may not adequately capture all groups of people with disabilities and different metrics used by different groups, organisations and states makes it difficult to compare like-for-like data.

To address this invisibility, societal stereotypes, non-inclusive data-collection methods, and barriers to reporting all need to be addressed. To this end, the following actions are recommended:

a. **Establish mechanisms to comprehensively collect data on violence against women with disabilities, ensuring accurate documentation of their experiences.** Partner with organizations that specialize in disabilities, women's rights or violence prevention. Collaborative efforts can help ensure a comprehensive approach to data collection and increase access to relevant networks and resources. Noting that most states are now adopting the Washington Group Short Set on Functioning methodology to identify people with disabilities and use nationally comparable data.

b. **Encourage research initiatives** that capture prevalence data, identify the underlying causes, drivers and risk factors of violence against women with disabilities and analyse "what works" by way of prevention efforts as well as front-line response and justice services, informing evidence-based policies and interventions; encourage assessment of how effective interventions that are for the general population are for women with disabilities, piloting and evaluating new interventions, and making adaptations to existing evidence based interventions or frameworks to integrate a disability lens and then evaluate them to generate more knowledge Scholars have indicated that there are significant gaps in the research in this area in that "very few studies compared how women with different types of disabilities experience violence differently; studies often either focused on one type of disability or assessed a number of different types of disability as one group for the purposes of analysis." This indicated that there is limited research that analysis violence amongst the diversity of disabilities, the differing risks, different perpetrators and required responses for different groups.[34]

   It is also important that research on violence against women with disabilities is disability informed, as Meyer et al.(2022) explain: "it is evident (sic from the research base) that dimensions of the different violence experiences of women with disabilities may be overlooked in dominant research approaches to violence against women"

32 Chenoweth, L. 1996.

33 WHO, as part of the UN Women/WHO Global Joint Programme on VAW Data (2018-2022) is currently finalizing the following resources: (1) WHO (2023). Violence against Women and Disability: Expert Group Meeting Summary. Geneva. World Health Organization. Available on request; online publication forthcoming (in March 2024); (2) WHO and UN Women (2023) Briefing note on Measuring violence against women with disabilities: data availability, methodological issues and recommendations for good practice. Geneva. World Health Organization. Forthcoming (March 2024); (3) WHO on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED) (2023) Checklist to ensure inclusion of women with disability, and the topic of disability, in research on violence against women. Geneva. World Health Organization. Forthcoming (2024).

34 Meyer SR, Stöckl H, Vorfeld C, Kamenov K, García-Moreno C (2022) A scoping review of measurement of violence against women and disability. PLoS ONE 17(1): e0263020. https://doi.org/10.1371/journal.pone.0263020

c. **Incorporate disability-disaggregated and informed data** into existing surveys on violence against women, facilitating a more precise understanding of the issue. National prevalence surveys could include specific questions related to disability.[35]

d. **Use mixed methods:** Employ a combination of quantitative and qualitative research methods. Quantitative surveys and questionnaires can provide statistical prevalence rates, while qualitative interviews and focus groups can offer deeper insights into the experiences and impacts of violence on women with disabilities.

e. **Ensure accessibility:** Make sure data-collection methods are accessible to women with disabilities, including those with intellectual disabilities. Use plain language, provide multiple communication options (e.g., verbal, written, visual) and accommodate different modes of participation (e.g., in-person, online, phone, etc.).

f. **Train data collectors:** Train data collectors to effectively engage with women with disabilities, respecting their autonomy, privacy and rights. Provide specific guidance on handling sensitive information and ensuring participant safety during data collection, noting that often the perpetrator may be their carer, who they are dependent on for their support.

g. **Establish ethical considerations:** Develop ethical guidelines for research, considering the potential vulnerabilities of women with disabilities. Address issues such as informed consent, confidentiality, anonymity and the need for informed support or advocacy for participants who experience distress during data collection. Also ensure that there are vehicles for women who may be experiencing violence from a carer or family member to report it.

h. **Consider multiple settings:** Recognize that violence can occur in various contexts, including in institutions. Conduct research in diverse settings, such as residential facilities, group homes, community settings and public spaces to capture the full range of experiences.

i. **Engage self-advocates:** Involve women with disabilities as active participants and collaborators in the research process. Their insights and lived experiences are invaluable for understanding the specific challenges and barriers they face.

j. **Conduct data triangulation:** Combine data from multiple sources and methods to validate findings and enhance the overall reliability of prevalence data. Triangulation may involve cross-referencing self-reported data, administrative records, interviews with service-providers or other relevant sources.

k. **Engage relevant stakeholders:** Involve key stakeholders such as disability advocates, service-providers, researchers, policymakers and representatives from institutions where women with disabilities reside. Their expertise and perspectives can inform the data-collection process and facilitate collaboration.

l. **Disaggregate data:** Analyse and report data in a way that allows for intersectional analysis, considering factors such as age, ethnicity, socioeconomic status and type of disability. This approach helps identify disparities and tailor interventions to specific subgroups of women with disabilities.

35 Meyer SR, Stöckl H, Vorfeld C, Kamenov K, García-Moreno C (2022) A scoping review of measurement of violence against women and disability. PLoS ONE 17(1): e0263020. https://doi.org/10.1371/journal.pone.026302028

4. Review national policies and plans to ensure inclusivity

To ensure inclusivity and address violence against women with disabilities a comprehensive review and mapping of national policies and plans is necessary. This review should focus on integrating necessary approaches to address include adjustments and accommodations for women with disabilities within broader policies, as well as addressing the ableist drivers of violence alongside the drivers of gender-based violence. The review should also aim to mainstream "primary prevention" efforts into disability services, such as support workers or others who work in the sector. To this end:

a. **A comprehensive review of national VAW related policies and services is necessary to ensure the explicit integration of necessary adjustments** and accommodations for supporting women with disabilities within these broader policies, as well as ensuring that ableist violence is addressed alongside GBV.

b. **Policies concerning individuals with disabilities and disability services should be reassessed to incorporate measures that address gender disparities and risks of violence and abuse.** Essential policy, legislative and regulatory frameworks concerning services for persons with disabilities should be reviewed and adapted to mainstream primary prevention approaches, embed data collection and strengthen codes of conduct, reporting and oversight. Active participation of women representatives from OPDs is crucial in both policy reviews.

c. **National action plans for preventing violence against women and girls with disabilities need to be assessed or developed**, ensuring the integration of the underlying causes of ableist violence into these plans, alongside the gendered based drivers. To prevent violence against women and girls with disabilities, it is crucial to recognize and tackle the root causes of, and factors that contribute to, violence and allow it to persist. The primary prevention approach aims to address these causes of violence, thereby preventing its occurrence. Prevention teams should integrate approaches to address the following ableist drivers of violence against people with disabilities identified by Our Watch and Women with Disabilities Victoria:[36]

i. **Challenging negative stereotypes associated with disabilities** by addressing and dismantling stereotypes that portray individuals with disabilities as incapable, weak, subservient, mentally unstable, cursed or dangerous, which are often used to justify imposing restrictions or exerting control over them.[37]

ii. **Combating the acceptance or normalization of violence, disrespect and discrimination against people with disabilities** by addressing the "halo effect" – where caregivers are regarded as faultless or having to carry a significant burden, and any violence or abuse they perpetrate is thus justified, disregarded or defended.[38]

iii. **Empowering decision-making and promoting independence for individuals with disabilities** by ensuring they can exert decision-making authority over their own lives. This requires addressing arrangements that undermine their control over finances, living situations, medical/health situations and social participation, such as practices related to guardianship orders or substituted decision-making.[39]

iv. **Reducing social segregation, dependence on others and exclusion of individuals with disabilities** includes addressing social segregation in housing, education and medical facilities, as well as in other areas. Likewise, it requires addressing practices of unjust confinement and other restrictive practices. Women and girls with disabilities' increased dependency on others also puts them at greater risk[40]

36 Our Watch and Women with Disabilities Victoria 2022.

37 Ibid.

38 Ibid.

39 Ibid.

40 Swift 2013.

d. **Prevention efforts led by women and girls with disabilities need to be supported and financed,** including approaches to address data, and evaluated to generate knowledge and evidence of what works and to identify best practices.

e. **Inclusivity and accessibility need to be ensured in all prevention work and community consultations,** alongside measures to prevent further harm, disadvantage or discrimination.

f. **Ensure CRPD-compliant budgeting is mainstreamed into all national budgeting systems and programmes.**

5. Build the capacity of duty bearers and service-providers to prevent and respond to violence against women with disabilities

Efforts to address violence against women with disabilities require building the capacity of duty bearers and service-providers. By investing in capacity-building, preferably informed by and led by women with disabilities and education, governments can ensure that duty bearers are well-informed about their legal obligations and equipped to identify risks and adopt preventive approaches. To this end, efforts should:

a. **Build capacities on inclusion and accessibility and educate duty bearers on their responsibilities.** Training for government officials and service-providers should integrate an inclusive lens into existing approaches aimed at ending violence against women. This includes expanding their understanding of their obligations under the CRPD, explaining legal requirements to provide reasonable accommodations and raising awareness about disability discrimination. The training should offer guidance on how duty bearers can effectively fulfil their responsibilities and ensure that women with disabilities can access their rights. Training should focus on:

   i. **note the prevalence and diverse forms of violence** experienced by women with disabilities, which may differ from those experienced by women without disabilities. Training should address issues such as forced medical procedures, denial of assistive technology, and violations of sexual and reproductive health rights.

   ii. **ensure that prevention workers understand the ableist drivers of violence against women and girls with disabilities,** and risks, such as institutionalization and segregation.

   iii. **ensure that government officials and service-providers can consult and include women with disabilities in their work,** including through engagement with OPDs, and through the establishment of advisory groups such as disability advisory committees or representatives that comprise a diversity of people with disabilities that are used to provide feedback on government plans and policies.

   iv. **equip service-providers with the necessary skills and knowledge to effectively support women with disabilities,** who have experienced violence.

b. **Raise awareness, among duty bearers and service-providers alike, to foster a comprehensive understanding of different types of disabilities** and the kinds of accommodations required for women with disabilities, including intellectual disabilities, mental illness, sensory disabilities and others. It is also essential to raise awareness on the identification of perpetrators, acknowledging that caregivers can potentially be perpetrators of violence, and addressing associated risks this brings at various levels.

6. Ensure that VAW support services and front-line responders are accessible and approachable for women with disabilities

It is imperative to ensure that support services and front-line responders are accessible to women with disabilities, including those from hard-to-reach groups, which may require at-home or mobile services. Accessible gender-based violence support services are crucial for ensuring the safety, well-being and equal access to justice for women with disabilities. Accessible support services acknowledge the specific needs and experiences of women with disabilities, removing barriers, and offering tailored assistance and accommodations. Elements identified in previous research include ensuring that services are approachable, respectful, friendly, confidential and non-judgmental; having women representatives; creating greater awareness of services among the community (particularly via disability support-providers); and being flexible in their delivery.[41] As such, front-line responders should:

a. **Ensure the accessibility of support services,** such as helplines, shelters, counselling and legal aid services for women with disabilities who have experienced violence. This could involve the development of mobile and/or online services. This encompasses not only physical accessibility but also addressing the diverse range of disabilities, including sensory (hearing or sight impairment), intellectual and psychosocial disabilities.

b. **Disability-inclusive training for service-providers** should be arranged, preferably led by women-led OPDs, to ensure the knowledge and skills required to effectively support women with disabilities. This training should cover the diversity of disabilities women may have, different types of violence perpetrated against women with disabilities, the risk factors involved, the challenges in accessing services, and their legal obligations under the CRPD to provide reasonable adjustments in service-delivery.

c. **Integrate "reasonable accommodation" provisions** in all policies, protocols and laws related to service-provision for women with disabilities. Reasonable accommodation provisions should extend to VAW services, shelters, health services, police and justice services, counselling and other support services.

d. **Oversight and reporting mechanisms need to be established** to monitor, report and sanction those that perpetrate abuse when they have a duty of care or are providing services for women with disabilities.

7. Ensure that disability support services, organizations and institutions are trained on ending violence against women and girls

Throughout the project interventions, women with disabilities identified support services as crucial for preventing VAW, generating awareness of the services available for women who have experienced violence and addressing its early signs from various perpetrators. Disability support workers, who offer services in different settings, including those at higher risk, can play a vital role in preventing and responding to violence against women and girls with disabilities. To this end, it is important to:

a. **Develop and implement comprehensive training programmes,** to ensure that disability support services, organizations and institutions know how to address VAW and can embed relevant codes of conduct and policies. These training programmes should cover recognizing the unique vulnerabilities and challenges faced by women with disabilities, identifying signs of violence and equipping support workers with the necessary skills to respond effectively and refer survivors to services. Training should also address the creation of reporting mechanisms and protocols for oversight.

41 Robinson, Frawley and Dyson 2021.

b. **Promote collaboration and coordination** between disability support services, organizations and institutions, as well as relevant stakeholders in preventing and responding to VAW. It is important to establish partnerships with local domestic violence shelters, women's organizations, law enforcement agencies, health-care providers and other key actors.

c. **Develop and implement regulations, codes of conduct and mandatory reporting** within the disability support services sector that explicitly prohibit behaviours contributing to violence against women and girls with disabilities. It is important to develop and enforce codes of conduct that set clear expectations for support workers and institutions regarding their responsibilities and ethical behaviour. Reporting requirements for incidents of violence also need to be established, ensuring that disability workers are obligated to report any suspected cases promptly.

8. Challenge negative stereotypes and change mindsets at all levels

Challenging negative stereotypes and reducing stigma requires a transformative shift in mindsets at different levels, including the individual, family, community and structural levels. Recommendations for each level include:

a. **Building capacity and changing rights at the individual level, should include:**

   i. **Awareness of rights,** to ensure that women with disabilities possess a comprehensive understanding of their rights, emphasizing their right to live free from violence, abuse and discrimination. It is crucial to provide accessible information and resources that clearly outline their rights and avenues for seeking redress. This includes knowledge about where to report violence and disability discrimination and how to access support.

   ii. **Skills development,** through training programmes that equip women with disabilities with essential skills such as self-advocacy, decision-making and safety planning. These initiatives should focus on providing practical tools and strategies to navigate barriers and actively participate in decision-making processes and empower women and girls with disabilities to assert their rights and make informed choices.

b. **Training, advocacy and support at the family level should include:**

   i. **Education and awareness** about the rights of people with disabilities within families. Training workshops and awareness campaigns can help families understand their rights and equip them to be stronger advocates.

   ii. **Access to support services** that address the specific needs of individuals with disabilities. Information, counselling and guidance should be offered on how to best support family members with disabilities. Respite care, rehabilitation programmes and assistive technologies to enhance independence and well-being can also be provided.

   iii. **Family discussions around the elimination of violence,** to explain why violence is not to be accepted, challenge justifications and promote a culture of respect. This involves rejecting excuses based on factors like caregiver stress and addressing microaggressions and stereotypes that downplay the impact of violence, particularly for women with intellectual disabilities.[42]

   iv. **Establishing peer support groups** and networks for individuals with disabilities and their families to facilitate the sharing of experiences, knowledge and coping strategies. They can also combat isolation, promote social inclusion and provide a support system for families facing similar challenges.

42 Our Watch and Women with Disabilities Victoria 2023.

c. **Challenging negative stereotypes at the community level should include:**

   i. **Media campaigns** to promote positive portrayals of women with disabilities in media and popular culture, actively challenge harmful stereotypes and promote inclusivity. By doing so, societal perceptions can shift, leading to a more inclusive and supportive environment.

   ii. **Encourage political leaders to champion the rights and inclusion of women with disabilities.** Political support can drive systemic changes and amplify the voices of marginalized groups and foster policies that address discrimination and promote equal opportunities.

Women with disabilities are often subjected to double discrimination due to their gender and disability status and continue to be at a disadvantage in most spheres of society and development. Global goals including SDGs and others can only be fulfilled if local, sub-national and national goals and strategies make an explicit reference to addressing stigma and discrimination experienced by women and girls with disabilities. This also entails key stakeholders must address the needs and perspectives of women and girls with disabilities in national strategies or action plans on disability and on gender We must raise awareness on the needs of women and girls with disabilities and eliminate stigma and discrimination against them.

Photo: UNDP/Cherelle Fruean

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This policy paper provides recommendations for policymakers to address the findings highlighted through the project "Addressing Stigma and Discrimination Experienced by Women with Disabilities" (ASDWD), which was developed in partnership with University College London, United Nations Development Programme (UNDP) and UN Women offices, local organizations of people with disabilities and individual women with disabilities who contributed across Pakistan, Palestine, Republic of Moldova and Samoa, with funding from the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD).