



# **“I see that it is possible”: Gaps and opportunities for disability inclusion in GBV programs in humanitarian settings**

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# Objectives of the project

- ❖ ***Identify the gaps and opportunities for disability inclusion*** in GBV programs
- ❖ ***Pilot and evaluate actions to promote accessibility and inclusion*** for persons with disabilities in GBV programs in four humanitarian contexts
- ❖ ***Document and share effective strategies, tools and resources for disability inclusion with the wider humanitarian sector***



# Phase 1: Initial assessment in pilot countries



# Phase 2: Pilot actions to promote disability inclusion

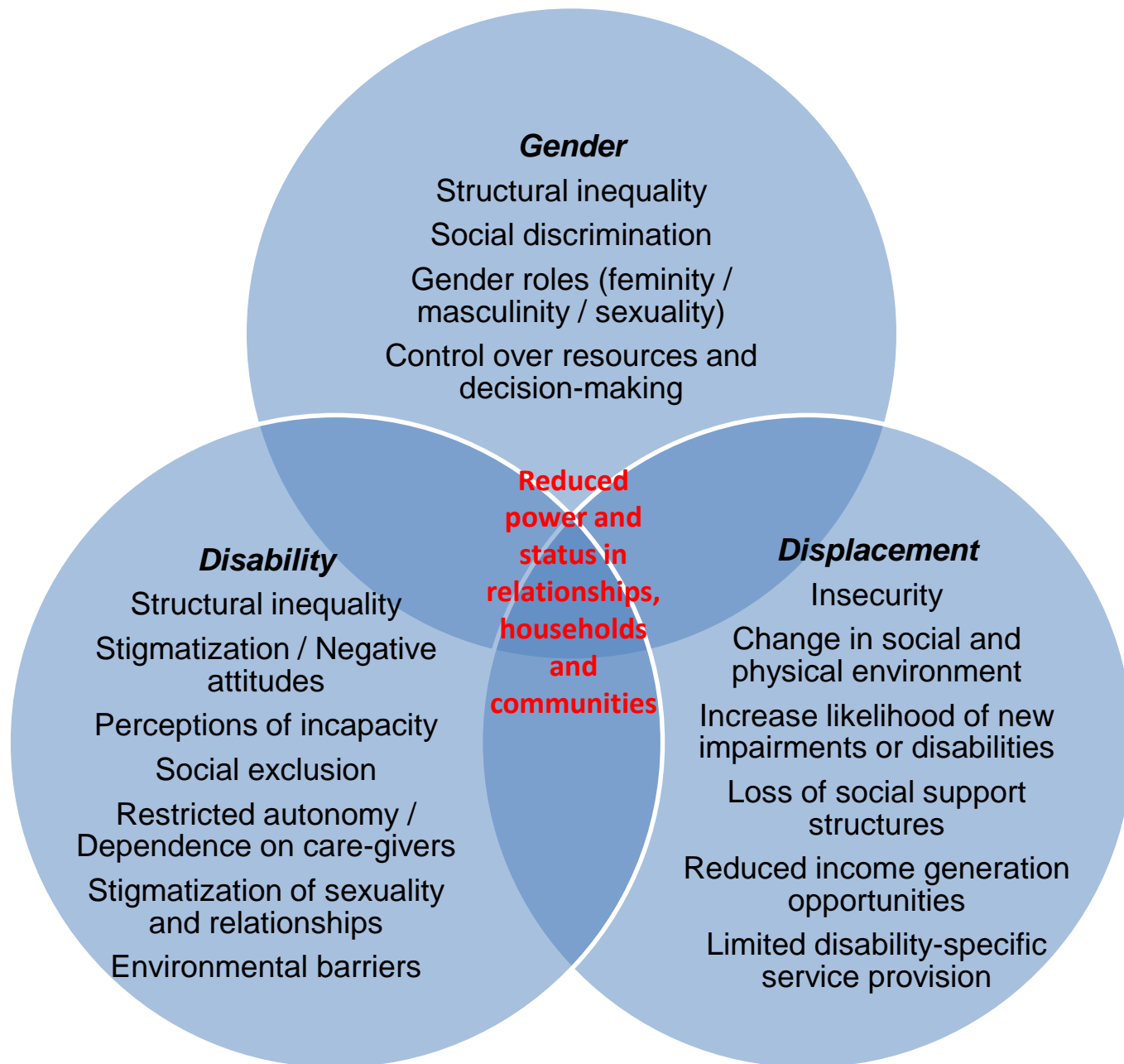


# Phase 3: Participatory evaluation to identify positive practices



# “Stories of Change”





# Findings: Disability and violence

- Women with physical disabilities who are isolated in their homes report rape and intimate partner violence on repeated and regular basis and by multiple perpetrators.
- Women, girls, boys and men with intellectual disabilities are more vulnerable to sexual violence
- Added risks to other family members, particularly women and girls





# Factors that increase vulnerability

- Change in gender roles... for women with disabilities

*“Women with disabilities are despised because they can’t do work like other people – like carry water and make meals – husbands have to do this and some of the other men will tease them saying ‘why did you marry this disabled woman?’ and this may cause violence in the family between husband and wife.” (Woman with disabilities – Burundi)*



# Factors that increase vulnerability

- Change in gender roles... for men with disabilities  
*“Even though you are a man, you are disabled and not considered for work. In our culture in Congo, all domestic work is for the woman and men get the food for the family – this is a man’s matter. But when you are disabled the woman will takes the role of the man... Life is hard and the woman has to do everything...” (Refugee man with disabilities – Burundi)*



# Factors that increase vulnerability

- Change in gender roles...for female care-givers  
*“She [wives of men with new disabilities] has to be strong and look after the life issues for the family. Even my husband, something happened to his eyes and I take him to the hospital. The people in the street harass me, even in front of him. Her responsibilities increase.” (Wife of a man with disabilities – Jordan)*



# Factors that increase vulnerability

- Loss of familial and community support mechanisms

*“Violence is more here. In Syria, they could lock her inside and have more control. Here you can’t control the violence. In Syria, everyone knew each other and would look after each other. Here we are surrounded by people from different towns. If something happened to my neighbor, I wouldn’t care about them.” (Female care-giver – Zaatari)*



# Factors that increase vulnerability

- Poverty, lack of assistance and discrimination in already limited income generation opportunities  
*“For me, my relations with my husband got worse after I became disabled. He said, I can’t stay with you and he throws me away. My children were in school, but now they have dropped out. My daughter has become a prostitute. If I could get some assistance, then our lives would be better.”  
(Woman with disabilities – Burundi)*



# Factors that increase vulnerability

- Perceptions – and misperceptions – about capacity

*“Persons with mental or intellectual disabilities are also prone [to GBV]. Even if they experience sexual violence, people think they are crazy and don’t believe them.”*

*(Participant in group discussion with women with disabilities and female caregivers — Zaatari camp, Jordan)*



# Findings: GBV and disability

- Attitudes of families, GBV service providers and community members are the biggest barrier...
- AND the biggest facilitator to inclusion in GBV activities



# Findings: Change in Attitudes

Before	Now
Assumed that persons with disabilities would not be able to participate in GBV activities because of their impairments	See persons with disabilities as people who have skills and capacities and, when included, can make valuable contributions
Felt under-equipped or under-qualified to provide GBV services to persons with disabilities	Greater recognition of their roles and responsibilities in reaching the whole community and adapting programs accordingly
Focused on the individual's impairment or medical condition	Shift away from this medical model to a more familiar and appropriate survivor-centered approach
Failed to recognize and apply their skills relating to protection and empowerment in case action planning	More comfortable, confident, and willing to work with persons with disabilities



# Facilitators of capacity development

- Trainings on GBV and Disability particularly for social and community workers.
- Tools that focus on consulting with persons with disabilities (including through home visits) .
- Participatory activities reflecting on power dynamics between women, men, persons with and without disabilities.
- Guidance on communicating with persons with different types of impairments, and on developing accessible IEC materials.
- Experiential learning opportunities - Direct interactions with women and girls with disabilities; reflection on how to apply skills in their work with this group; case conferencing.
- Focusing on a small number of clearly defined inclusive activities which increased the likelihood that they would be successful.

# What's Working – Positive Practices

- Strengthening peer networks and social capital
- Targeted inclusion in economic strengthening activities
- Community representation and leadership



# What's Working – Positive Practices

- Reaching and supporting individuals at high risk
  - Home visits and home-based activities
  - Strengthened case management
- Highlighting the skills and capacities of persons with disabilities



# Aldine's Story



“The best part of the activities so far have been the group discussions. They make my heart lighter and happier, which I think makes me a better mother. I am able to go home and tell my children more stories. They cannot see things like others, but now at least I have better words for them, better ways to share hope with them. I have made friends watching these movies, I feel less alone. I feel like I am calmer and a better mother. My heart feels proud that I can keep these children safe.”



# Sitymayi's Story



“The harder I worked the more independence I had. And now, would you believe that I am helping and contributing back to the family that at first abandoned me? Now that I am able to take care of them, they see me as a human being, as a mother, and a person of value. Now, in my community, I am seen as a person who can do anything. This makes me proud.”



# Recommendations- GBV Actors

- ❖ Include women, girls, boys, and men with disabilities and their caregivers in the design, implementation, and evaluation of GBV programs.
- ❖ Provide training and reflective learning on the intersections between gender and disability.
- ❖ Recruit women and girls with disabilities as staff and volunteers in GBV programs.
- ❖ Prioritize the inclusion of persons with disabilities and caregivers in activities that strengthen social capital and peer networks.
- ❖ Prioritize the inclusion of women with disabilities and female caregivers in economic empowerment programming.





## “I See That It Is Possible”

Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings

May 2015

## Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings

### A Toolkit for GBV Practitioners



June 2015

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