

Eliminating violence against *all* women and girls

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Background

Violence against women (VAW) is a major public health issue and human rights violation. Globally, almost one third of women and girls aged 15-49 have experienced violence from an intimate partner.³ Overwhelmingly, VAW is perpetrated by men, usually by a man known to the victim. The reasons for this are complex, but gender inequality is a fundamental driver of violence against women. Patriarchal systems around the world afford greater power, resources, and opportunities to men over women, creating a social context where women are systematically devalued making violence against them more likely.⁴ Achieving gender equality is central to the 2030 Agenda.

All women experience gender inequality, but not in the same way, to the same degree, or with the same impacts. Some women are at increased risk of violence due to intersecting experiences of discrimination associated with different aspects of their identities. Women with disabilities experience violence driven by gender inequality, ableism, or both.⁵ Consequently, compared to women without disabilities, women with disabilities experience higher rates of gendered violence, additional forms of disability-based violence, a wider range of perpetrators, a broader range of settings of violence, and more severe consequences of violence.⁶ Despite Sustainable Development Goal (SDG) Target 5.2.1 being to eliminate violence against *all* women and girls, women with disabilities are often forgotten. Disability-inclusive VAW response services, primary prevention, and research must be prioritised to ensure no one is left behind.

Challenges and opportunities

The challenges and opportunities for eliminating VAW with disabilities lie across three priority areas: response services, primary prevention, and research. While disability inclusion across these domains remains a critical challenge, pockets of promising practice are building the evidence-base for inclusive approaches that uphold disability equity and rights.

Response services

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³ World Health Organization. 2021. Violence against women [fact sheet]. World Health Organization, Geneva. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

⁴ Our Watch. 2021. Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.). Our Watch, Melbourne. <https://www.ourwatch.org.au/change-the-story/change-the-story-framework>

⁵ Our Watch. 2022. Changing the Landscape: A national resource to prevent violence against women and girls with disabilities. Our Watch, Melbourne. <https://www.ourwatch.org.au/resource/changing-the-landscape/>

⁶ Garcia-Cuellar M M, Pastor-Moreno G, Ruiz-Perez I, and Henares-Montiel J. 2022. The prevalence of intimate partner violence against women with disabilities: a systematic review of the literature. *Disability and Rehabilitation*, 17(1), pp.1-8. <https://doi.org/10.1080/09638288.2022.2025927>

VAW response services are essential for assessing and managing risk and keeping women safe. However, responses to women with disabilities experiencing violence are often inconsistent and do not meet individuals' needs.⁷ A major challenge is many women with disabilities lack accessible information about their rights, available VAW services, and how to access them. This, alongside cumulative experiences of discrimination, can mean that women with disabilities may not recognise they are experiencing violence or may believe they have nowhere to go.

When women do get to services, many service providers lack the resources to be disability-inclusive. Services may lack universal design features and reasonable accommodation, and workers may have limited knowledge of support services available to women with disabilities. Both VAW response services and disability services may lack understanding and support on the intersection of gender, disability, and violence, which can result in prejudicial attitudes or patronising over-protection.⁸ This creates additional barriers to women getting the help, information, and choices they need. There are opportunities to create more inclusive VAW response services by focusing on three key domains:

1. **Disability-mainstreaming.** Disability-mainstreaming in VAW response services ensures women with disabilities are prioritised in organisational plans, policies, and procedures. This requires VAW response services to address the barriers that make it difficult for women with disabilities to access the service and information they need to support their decision-making. A practical way to address these barriers is through an accessibility audit, ideally carried out by representatives from a local Organisation of Persons with Disabilities, a member of a service's leadership team, and people with different impairment types. This involves moving through a service to identify access barriers (e.g. physical, communication, attitudinal) and implementing strategies to then improve accessibility. Additionally, organisational budgets should consider provision of targeted initiatives specifically for women with disabilities experiencing violence.
2. **Cross-sectoral collaboration.** Different parts of the VAW response, disability, and other service sectors have expertise to contribute to the safety of women with disabilities.⁹ However, resourcing constraints, a lack of knowledge on available support services, and 'culture clash' between sectors can hamper effective multi-agency collaboration. Services working together, and with women with disabilities, through a process of reflection, engagement, and shared goal-setting may lead to more systematic, high-quality cross-sectoral collaboration.⁸ This process should include time to foster trusting, respectful relationships, and bring parties together to learn from each other, such as through communities of practice.
3. **Workforce development.** To address prejudicial attitudes in the service system, both the VAW and disability sectors require training on the intersection between gender, disability, and violence, and how to collaboratively deliver appropriate services. As part of the W-DARE project in the Philippines, women with disabilities co-facilitated disability and gender sensitisation workshops for local government policy makers, sexual and reproductive health service providers, and VAW response services to raise awareness about the rights of women with disabilities and the barriers they face accessing services and information.⁹ This training increased participants' knowledge of the needs of women with disabilities experiencing violence and increased their skills in providing appropriate services and making referrals.¹⁰

⁷ Thiara R K, Hague G, Bashall R, Ellis B, and Mullender A. 2011. *Disabled women and domestic violence: Responding to the experiences of survivors*. Jessica Kingsley Publishers, London.

⁸ Frawley P, Dyson S, and Robinson S. 2017. *Whatever it takes? Access for women with disabilities to domestic and family violence services: Key findings and future directions*. ANROWS, Sydney. https://anrowsdev.wpeninepowered.com/wp-content/uploads/2019/02/Disability_Compas-1.pdf

⁹ Vaughan C, Devine A, Ignacio R, Lacsamana W, Marco J, Zayas J, et al.. 2016. Building capacity for a disability-inclusive response to violence against women and girls: experiences from the W-DARE project in the Philippines. *Gender and Development*, 24, pp.245-260. <https://doi.org/10.1080/13552074.2016.1194031>

¹⁰ Vaughan C, Gill-Atkinson L, Devine A, Zayas J, Ignacio R, Garcia J et al.. 2020. Enabling action: Reflections upon inclusive participatory research on health with women with disabilities in the Philippines. *American Journal of Community Psychology*, 66(3/4), pp.370-380. <https://doi.org/10.1002/ajcp.12468>

Primary prevention

While building the capacity of the VAW response sector to deliver disability-inclusive services is critical, sustained investment in primary prevention is also needed to drive the long-term social change required to eliminate violence against women and girls with disabilities.¹¹ Primary prevention aims to stop violence against women with disabilities from occurring in the first place.

Disability-specific primary prevention interventions in high-income countries have focussed on teaching women with disabilities to recognise violence and abuse, and to develop confidence and self-advocacy.¹² While increased knowledge and skills are important, ‘increased individual awareness of rights does not automatically lead to the attainment of these rights’.¹³ Sustained change will not occur by placing the onus on women to keep themselves safe; rather, broader community interventions that target the drivers of violence against women with disabilities are needed.

Encouragingly, the recent *UN Trust Fund Special Window to End Violence Against Women and Girls with Disabilities* funded projects that not only supported women to recognise their rights, but also included multiple, reinforcing strategies that target the intersecting, ableist and gender discriminatory norms that drive violence against women with disabilities.¹⁴ These primary prevention initiatives highlighted the importance of centring the agency of women with disabilities, fostering a multi-sectoral approach, and supporting interventions attuned to culturally-specific manifestations of gender norms and disability stigma. For example, formative participatory research by ADD International in Cambodia found an entrenched culture of silence surrounding the intersection of disability and gender, and beliefs that women with disabilities were ‘burdensome’ family members, as key drivers of violence against women with disabilities.¹⁵ The research informed a primary prevention initiative using positive community role models to shift harmful social norms.

To prevent violence against women with disabilities in the long-term and reduce downstream pressures on the response system, sustained investment must prioritise ongoing research into what works, adaptable program implementation, and evaluation of primary prevention strategies. This is essential for building an evidence base for primary prevention that addresses the diverse realities of women with disabilities, upholding their human right to live a life free from violence.

Research

VAW research is critical to understand the scale of the problem, advocate for policy change, and inform appropriate VAW interventions. The World Health Organisation’s advancement of a consistent, robust, and ethical VAW prevalence research methodology has achieved global recognition of VAW as a serious human rights issue. However, women with disabilities are often excluded from national VAW prevalence studies and other research because they are considered too ‘hard to reach’. As a result, there are large data gaps about VAW with disabilities, making it difficult to develop policy, services, and programs that meet their needs and rights.

¹¹ Dunkle K, van der Heijden I, and Chriwa E. 2018. Disability and violence against women and girls: Emerging evidence from the What Works to Prevent Violence against Women and Girls Global Programme. UK Aid, United Kingdom.

<https://www.whatworks.co.za/documents/publications/195-disability-brief-whatworks-23072018-web/file>

¹² Sutherland G, Hargrave J, Krnjacki L, Llewellyn G, Kavanagh A, and Vaughan C. 2024. A systematic review of interventions addressing the primary prevention of violence against women with disability. *Trauma, Violence & Abuse*, 25(2), pp.1235-1247.

<https://doi.org/10.1177/15248380231175932>

¹³ Palm S and Le Roux E. 2023. “They call me by my name”: A synthesis review of the United Nations Trust Fund to end violence against women’s special window on ending violence against women and girls with disabilities. United Nations Trust Fund to End Violence Against Women, New York. <https://unfpa.unwomen.org/en/digital-library/publications/2023/03/a-synthesis-review-of-the-un-trust-funds-special-funding-window-on-ending-violence-against-women-and-girls-with-disabilities>

¹⁴ Ibid

¹⁵ Strickler C and Sovann P. 2021. Preventing violence against women and girls with disabilities in Cambodia: A community mobilization model project. ADD International, Cambodia. <https://unfpa.unwomen.org/en/digital-library/publications/2022/08/final-evaluation-preventing-violence-against-women-and-girls-with-disabilities-in-cambodia-a-community-mobilisation-model#view>

These gaps are not irresolvable, and there are ways to collect data to better understand VAW with disabilities. For example, the Washington Group Short Set on Functioning (WGSS) produces internationally comparable data by identifying people who report difficulties with seeing, hearing, walking, cognition, communication, and self-care.¹⁶ While it has some limitations, the WGSS is a useful tool that can be incorporated into existing VAW prevalence surveys, allowing researchers to disaggregate data and compare the prevalence and experience of violence between women with and without disabilities. Sri Lanka's first VAW prevalence survey incorporated the WGSS and found women with disabilities experienced a much higher prevalence of physical and/or sexual violence compared to women without disabilities. Sri Lanka's First National Action Plan on Women, Peace, and Security now explicitly recognises the disability-based forms of violence that women and girls with disabilities experience.¹⁷

There are limitations with using existing VAW prevalence surveys to understand violence against women with disabilities. Existing surveys do not measure many forms of violence that women with disabilities experience (e.g. over or under-medication, withholding of assistive devices, forced sterilisation, dis-crediting and ridicule based on disability), and they do not fully capture the range of perpetrators and settings in which violence against women with disabilities commonly occurs. It is important that researchers continue to refine measurement tools and use different study designs and data collection methods, including qualitative methods, to understand how women with disabilities experience violence. Qualitative data can provide valuable information to inform policy and service development. Participatory methods, where women with disabilities are involved as co-researchers from design to dissemination, centre the expertise and agency of women with disabilities, and increase the relevance of data generated to women's priorities for change.^{18,19}

Looking ahead to 2030

To continue momentum towards achieving the SDG target of eliminating violence against *all* women and girls, it is paramount that VAW policy and programming is attuned to the experiences and needs of women with disabilities. To promote more disability-inclusive VAW response services, primary prevention strategies, and research by 2030, there is a need to:

- build capacity of the VAW response sector to deliver accessible and appropriate services to women with disabilities by:
 - embedding disability-inclusion in organisational policies and procedures
 - promoting accessibility audits to address barriers to access information and services
 - providing resources to promote collaboration between VAW and disability sectors
 - increasing knowledge on the intersection between gender, disability and violence, disability-inclusive practice, and effective cross-sectoral collaboration (through activities such as running professional development, providing resources and referral pathways for staff, and appointing Disability Practice Leaders to guide practice and consultation)
- support organisations of people with disabilities and disability service providers to identify and respond to VAW and girls in a timely, effective, and appropriate manner

¹⁶ Washington Group on Disability Statistics. 2020. The Washington Group Short Set on Functioning. Washington Group on Disability Statistics, Hyattsville.

¹⁷ Ministry of Women, Child Affairs and Social Empowerment. 2023. Women, Peace and Security: Sri Lanka's National Action Plan for the Implementation of the UN Security Council's Resolutions on Women, Peace and Security 2023–2027. Ministry of Women, Child Affairs and Social Empowerment. <https://asiapacific.unwomen.org/sites/default/files/2023-07/lk-NAP-FINAL2023-eng.pdf>

¹⁸ Vaughan C, Devine A, Ignacio R, Lacsamana W, Marco J, Zayas J, et al.. 2016. Building capacity for a disability-inclusive response to violence against women and girls: experiences from the W-DARE project in the Philippines. *Gender and Development*, 24, pp.245-260. <https://doi.org/10.1080/13552074.2016.1194031>

¹⁹ Vaughan C, Gill-Atkinson L, Devine A, Zayas J, Ignacio R, Garcia J et al.. 2020. Enabling action: Reflections upon inclusive participatory research on health with women with disabilities in the Philippines. *American Journal of Community Psychology*, 66(3/4), pp.370-380. <https://doi.org/10.1002/ajcp.12468>

- prioritise primary prevention initiatives that encourage multiple, reinforcing strategies, multi-sectoral collaboration, and centre the agency and participation of women with disabilities
- engage in capacity building with governments and other funders to understand the cost-benefits of tailoring responses, developing workforces, and resourcing co-design
- build the evidence base for the primary prevention of violence against women and girls with disabilities through ongoing research, adaptable program implementation, and evaluation
- build the capacity of governments, practitioners, and statisticians in low-and-middle income countries to collect prevalence data about violence against women with disabilities in a reliable, safe, and ethical way
- ensure existing VAW datasets are disaggregated by gender and disability
- fund research using qualitative and participatory methods to gain a more comprehensive understanding of violence against women with disabilities and use these findings to inform VAW policy, programming, and the refinement of existing survey tools.