



International

INDEPENDENCE, EQUALITY AND OPPORTUNITY
FOR DISABLED PEOPLE LIVING IN POVERTY.



DISABILITY AND GENDER-BASED VIOLENCE.

PEER RESEARCH IN KIBAHA AND MKURANGA,
TANZANIA.

supported by:



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IT'S TIME TO MAKE PROTECTING DISABLED WOMEN AND GIRLS A GLOBAL PRIORITY.

Around one in five women worldwide is a woman with disabilities. For disabled women, gender-based violence and disability discrimination intersect to create brutal barriers to well-being.

Women with disabilities are often considered weak, worthless and in some cases subhuman by their societies - and because of that face a heightened risk of domestic and sexual violence.

The experience of ADD International, and other organisations, suggests that persons with disabilities are at particular risk of violence due to a combination of factors including social isolation, stigma, unequal power relations and inaccessibility of services offering support and redress. As a result of the intersection between disability-based and gender-based discrimination, women and girls with disabilities are likely to experience higher levels of physical, sexual and psychological violence, for longer periods of time and with worse physical and mental outcomes than women without disabilities.

Unfortunately, too many existing programmes meant to prevent gender-based violence do not take into account the unique dangers and challenges faced by women with disabilities. Without specific attention and solutions, these women have been left behind and at risk.

This has to change.


Development agencies, power holders and service providers need to build into their programmes the right protection for disabled women. It will require sustained global focus, momentum and action. But if we are serious about fulfilling the aspiration to 'leave no one behind' then it has to be done.

This contextual study aims at building an understanding of the factors and impact of gender-based violence towards women and girls with disabilities in Mkuranga Rural and Kibaha Urban in Pwani Region. The focus is on sexual, physical, and psychological/emotional violence. We hope that this research will act as a catalyst for further exploration, analysis and urgent response actions from a multitude of actors.



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NOTE ON PHOTOS.

Please note the photos in this report are not of survivors of violence but female disability activists that ADD International works with. For ethical and safeguarding reasons we do not publish photos of survivors.

OVERVIEW.

This report is based on a participatory peer-to-peer research approach.

Women with diverse disabilities researched and collected a sample of thirty short life stories from other women and girls with disabilities, and analysed these stories to explore their core themes in relation to their own lived experience.

The research asks:

- How does stigma and discrimination associated with disability exacerbate the risk of violence towards women and girls with disabilities in Tanzania?
- What needs to be in place to promote attitudinal and political change to address it?

Our research found violence is predominantly based on gender inequality and severely exacerbated by discriminatory attitudes towards disability.

This has implications for the development of programme interventions and policy influencing efforts.

How gender and disability are intertwined and interact in the occurrence of violence needs to be thoroughly considered when designing appropriate and effective interventions.

HOW DOES DISABILITY STIGMA EXACERBATE VIOLENCE TOWARDS WOMEN AND GIRLS?

KEY FINDINGS.

1. VIOLENCE STARTS AT HOME.

Most violence starts at home and is then carried out into the community.

The majority of respondents were born with an impairment or acquired an impairment in their early childhood following illnesses that were not treated properly at health centres and hospitals.

Parents often don't let their disabled daughters go to school, either because they don't see the point, or over time financial support is withdrawn.

In many stories, girls who did not go to school were expected to care for siblings, and do all the household chores. However, when the girl or young woman can't do housework to the level of what is expected of a "proper" woman, she is seen as useless and a burden.

In a number of cases, children are locked in at home while their parents go to work. They are often left alone all day, or for a number of days, without food.

Not going to school and being locked away means that disabled girls are isolated and have few or no friends. When family members treat disabled girls badly, e.g. call her names, refuse her food, beat her – other siblings often adopt the attitude that the girl is not worth as much and also treat her poorly. They repeat the derogative words their parents use and share these among peers at school. When a child says a bad word to or about a person with disabilities in public, the adults usually just laugh or ignore it so there is no corrective mechanism to prevent discriminatory attitudes.

This stigma is mirrored by the community. Girls with disabilities are often taunted, sometimes threatened, and ignored by the community when abuse is happening publicly. The perception is that if the family is not taking care of and protecting the girl it is not the community's place to step in or treat a disabled girl any differently.

2. FEMALE FRONTED VIOLENCE.

There is a high incidence of female family members being complicit in gender-based violence, including sexual violence.

Step-mothers, step-siblings, mothers- and sisters-in-law are strikingly consistent in their abuse which ranges from withholding food to verbal and physical abuse. In two cases, female family members were complicit or directly committing sexual violence.

Stepmothers can be unforgiving when a disabled girl cannot do household chores properly. It is usually the mother who teaches her daughters how to clean, cook etc. Mothers of girls with disabilities either did not believe their daughters could learn and so did not try to teach them, or the loss of the mother (by separation or death) did not provide the disabled girl with the opportunity to learn.

In other cases, the girl with disabilities has to do everything while other siblings go to school, split chores and have time to play with friends.

Traditionally, 'women don't like each other' and don't naturally support one another.

Mothers- and sisters-in-law tend to put down new women coming in to the family in order to establish their higher position. This attitude is the same irrespective of disability, but it is particularly harsh when the new girl or woman is disabled. A disabled woman is not considered a full woman, and therefore lowers the status of the family. Female in-laws seem to be the main drivers behind putting pressure on the husband when they marry a woman with disabilities, or a brother brings his sister with disability into his home.

Many stories tell incidences where a husband's or brother's family are continuously critical and question the man's good judgment.

The researchers confirmed that men need to defend their position in the family. Faced with the overwhelming resistance to the disabled

woman they feel they might lose status and start mistreating their wives, and very often leave them. There are cases of husbands standing by their wives but in many cases, they are worn down by the constant criticism and intra-family conflict.

Even though on the surface it seems that women in the extended family are often initiating abuse, it is worth exploring the basis for this intense sense of competition and resentment towards stepdaughters and daughters-in-law.

Considering the real or perceived financial dependence on husbands, (not only in terms of money but also in terms of decision-making around assets and use of resources) and the risk of men leaving their families for a new wife, it is perhaps not very surprising that women have a sense of urgency in defending the position of their own children and assuring a superior status over anyone who might challenge that position of unstable security.

The inequality between men and women in which men have a significantly higher status and power over women in life decisions that matter, may lead to women asserting some level of power over perceived weaker family members, especially girls and women with disabilities, to balance against their unequal status compared to men.

These assumptions would not excuse the sometimes incredibly harsh and cruel behaviour towards girls and young women with disabilities but it would mean that their attitudes and behaviour find their origin in gender inequality.

Interventions on gender-based violence against women and girls with (and without) disabilities which aim to address women's complicity would need to consider and further explore these areas and be careful to not only focus on disability as a cause for the abuse.

3. FORCED MARRIAGE.

Many young women with disabilities are forced by their family to marry, which often leads to domestic violence.

In many cases parents or extended families force a young disabled woman to marry against her will in order to transfer the burden of care and responsibility. The marriages are never based on affection, and indeed very soon lead to all forms of violence.

In some cases, the woman with disabilities is a second wife to provide unpaid domestic work.

In one story, a disabled woman was forced to share the bed with her husband and his other wife and witness them having sex. In a society where the modesty of woman, especially in regard to sex, is essential, this was the ultimate humiliation.

There were also stories that told of women finding men they loved and felt loved by.

However, the women's family refused to give consent to the marriage. Sometimes, the woman would marry anyway and, in consequence, be disowned by her family, or the man was driven away.

Researchers explained that in these cases, families were worried for their reputation: expecting that the woman with disability could not possibly be accepted and perform as a proper wife - her failure would lead back to her family and shame them.

In other cases, it was not acceptable that a woman with disabilities should marry before her non-disabled sisters, or the family didn't want another generation of disabled children, for example in the case of a woman with albinism.

4. SEXUAL VIOLENCE.

There is a high incidence of sexual violence committed against women and girls with disabilities with striking frequency and brutality.

A large number of women and girls with disabilities talked about sexual violence, both by intimate partners and by strangers. In many cases, even violence by strangers was experienced more than once.

Nine out of ten girls and women with intellectual disabilities were sexually abused, often frequently, without intervention from family or community.

Sexual violence committed by partners often refers to forced sex when the woman is too tired after a long day of work, or to sexual practices that are not acceptable to the women, for example anal sex. Men take it especially hard if they are refused sex by a woman with disabilities as they feel they are doing them a favour as no one else would want them.

Researchers said, teenagers and young men are known to be focused on sex and are especially keen to demonstrate their sexual prowess in groups.

Often alcohol and drugs are in play, and girls with disabilities are easy to catch.

There were a number of stories where a disabled girl was lured away by a group of men, or where they were chasing a girl with disabilities in the community.

Women and girls with disabilities are sometimes attacked at home when it becomes common knowledge that they left alone when the family is away. This can happen to women without disabilities as well but the incidence among women and girls with disabilities is said to be much higher. This includes assaults by respected members of the community.

In one case, a girl was locked out of her home and had to spend the night in the outside kitchen. She was attacked and raped more than once, which did not put an end to the family's practice of locking her out.

5. MULTIPLE VIOLENCE, MULTIPLE PERPETRATORS.

All the women and girls with disabilities had experienced multiple forms of gender-based violence.

Many women experienced all forms of violence at some point in their lives. This cuts across all ages and impairment groups. While it does not appear as if a specific age group is more affected than others, there is certainly a higher risk factor for certain impairment groups at any time of their life. For example, girls with intellectual and hearing disabilities are at significant higher risk of experiencing sexual violence even at a young age.

Most women and girls with disabilities experience violence by multiple groups of people: direct family, extended family, partners, friends of families, community members and strangers.

This means that the woman and girls with disabilities cannot fall back on any form of support system.

The violence starts at a young age and continues throughout their lives in one form or another.

6. FAMILY BREAKDOWNS.

Abuse is often exacerbated by the breakdown of family structures.

In many stories separation, divorce, or the death of parents lead to new marriages. Young children tend to stay with the father until they are nine years old, and then go to the mother. However, because of financial struggles and/or disability bias some mothers don't want their daughters with disabilities to live with them.

When the father re-marries, there is often a shift of loyalties and fathers are less likely to take the side of and support their daughters with disabilities. In some cases, the girls were passed from one extended family household to the next, reinforcing the sense of being a nuisance and a burden.



OTHER FACTORS

During the analysis discussion, the following additional issues emerged.

Multiple pregnancies. Many women had multiple fiancés who left them when they got pregnant resulting in a number of children born out of wedlock and with no financial support. The question of contraception was raised during discussions. Many girls are locked at home and don't go to school. With most sex education and family planning taught in secondary school, many girls with disabilities never receive contraception information.

Economic violence. When women with disabilities marry, economic problems seem to accelerate the breakdown in relationships. Sometimes, women with disabilities feel their partners married them because of the assets they received. Referring to their own life experiences, researchers confirmed that when they were successful in setting up a small enterprise, their partner would demand that she handed over her assets.

Physical and sexual violence. Women often supported their husbands when the men lost their jobs but were punished when the men re-established themselves or when the frustration over their poverty became too much. Women were invariably blamed as the cause of all problems. Interestingly, all women blamed their disability for the bad turn in a relationship. Certainly, men use disability in their verbal and physical attacks. However, abuse appears to be rooted in the same power imbalances as experienced by women who don't have disabilities: economic problems;

threats to a man's status when he feels he is 'underachieving' or losing face/control when the woman (with disabilities at that) is more successful; men expecting wives to be at their sexual disposal at all times.

Reporting. Among the collected life stories, attempts to report abuse were made. In one story, a neighbour reported an abusive husband who was detained for 21 days. In other cases, where communities try to intervene, they were told by the authorities not to meddle in other people's affairs. There is concern over security, with many people not wanting to report in case they become a target for revenge violence. In other cases, the families of a raped girl or woman, or the woman herself, went to the police. One case was taken to court but it was a long and costly process, which ended with an acquittal due to bribery. In the other cases, nothing happened, even when the women went to different police stations to find someone to take up their case.

Strategies. There are very few strategies left for women and girls with disabilities to deal with violence. The most common one in cases of domestic violence is to leave the husband, have the family mediate and if all fails, to get a divorce. However, a divorce can only be granted if the husband agrees and that is not always the case. When he does it almost always includes the loss of any assets the woman has managed to accumulate.

STORIES FROM OUR RESEARCH.

A middle-aged man went to their home and she [19 at the time] welcomed him inside. Even though her mother was not at home, she was not worried with him because he was a religious leader. When they went inside he told her that they should pray. They closed their eyes. The pastor pushed her on the bed and covered her mouth using a pillow. He stripped her forcibly and raped her from behind. After the incident, the pastor warned her that he was respected in the community and she must never tell anyone what he did to her. 'If you do so, I will kill you.'


Woman, 26, with physical disabilities.

Young boys always chase her, take her to the forest and rape her. One day she was raped by 3 men and had severe bleeding. Her father asked her if she knew the men, but she didn't. Because she couldn't identify the rapists her father didn't see the point in reporting it. Men always chase her, she screams but nobody comes to rescue her. People in the community know she is intellectual disabled and is roaming the streets. She is ignored, people think she is just fooling around. They always laugh at her and call her names.

Girl between 19 and 23, with a hearing and intellectual disability.

Her uncle found her a husband who did not love her. By that time A. was 17 while her husband was 38. Her uncle said to her, 'if you don't want to marry him you will not live here anymore.' She had no choice but to marry the man.

Woman, 42, with visual impairment.



When her grandmother travels her relatives lock her in, beat her up, and deny her food.

Girl, 15, with intellectual and physical disabilities.

We opened the door and found her sitting on a tiny, dirty, old mat. She was very dirty and a bad smell was coming from her body [...] She said, she never met her father, her mother is always busy with farming, sometimes she is not home for several days. When her mother leaves, they lock her inside the house. Her sisters go to school but no one bothers to take her to school though she would love to go.

Girl, 13, with visual impairment.

S remembers when she was 9 years old, the children were all in the farm and it started to rain heavily. The other children ran home leaving her alone. She could not move. Her stepmother called for her but she couldn't hear her over the wind. The mother said, 'You are mental, don't you hear that I am calling you?' And S said, 'please forgive me I did not hear you', then the mother said furiously 'lets go; hurry and run home.' S left with fear and when they reached home the stepmother angrily called her inside and told her to kneel down with her legs open. The mother then took a thick stick and inserted it in the girls private parts. S was shocked and devastated but didn't tell her father for fear that her stepmother may punish her further.

Woman, 29, with physical disabilities.

After giving birth to my second child, my husband ran away and left the children. He wrote a message saying he left because his relatives wanted to isolate him for living with an albino.

Woman, 36, with Albinism.

WHAT NEEDS TO BE IN PLACE TO PROMOTE ATTITUDINAL AND POLITICAL CHANGE?

KEY RECOMMENDATIONS.

The stories collected in this research show that women and girls with disabilities face multiple forms of violence throughout their lives by a range of people. The stories reflect the life experience of our peer researchers and correlate with experiences in other countries. Based on this collective learning we recommend the following actions to be embedded in programmatic responses:

Supporting activists' organisations. Persons with disability are a community chronically discriminated against. Doing things for them, or to them, is not going to end exclusion - persons with disabilities will remain dependent and marginalised. Consistent action must be taken to strengthen disability activists and their organisations, empowering persons with disabilities to become active participants in development. One peer researcher who shared her life story during the training explained that she was consistently rejected by her husband and family. Now, she has close friends in the deaf community and they are her family. She has her small business and does not need nor want her husband or family in her life anymore. Women with disabilities often have to shut themselves off from the families but this takes an immense strength and confidence, as well as an alternative support system, which disabled people's groups can provide.

Supporting empowerment. Supporting disabled women and girls' empowerment to be involved in decision-making processes and to become leaders themselves is essential if women and girls are to be valued equally to men. Negative attitudes and stigma towards them are more likely to be reduced leading to reducing risks of violence. Equally measures to protect them are also more likely to be put in place.

Research funding. More research is needed to unpack further and gather more evidence on the factors of violence. Women with disabilities are well able to conduct research because they have insight into issues that affect their own lives. They are well placed to engage with survivors

of violence based on shared experience and understanding. However, training is essential to protect both peer researchers and respondents in regard to the psychological effects of re-living traumatic events.

Responding to intersectionality. Potential interventions need to be mindful of the complex intersection between gender and disability bias. There is evidence that there are different strands of violence - some of which are clearly based on gender, others on disability, and others on a complex interplay between the two. This intersection needs to be explored further and in more depth. If only disability bias is addressed, there is good reason to expect that violence will continue despite a better understanding of and commitment to disability rights. A potential project should try to actively collaborate with women's organizations to explore and address the shared experiences of women with and without disabilities. There needs to be broader understanding of and basis for solidarity, which makes clear that disability should not be a dividing factor to exploit but an additional layer to tackle.

Responding to multiple actors. Potential interventions should be based on a robust Theory of Change that considers the multiple groups of people who abuse women and girls with disabilities, and how these groups relate to each other. For example, while there was a strikingly high percentage of violence committed by female family members, it will be crucial not to focus on these women alone, but explore the dynamics at the root of female-initiated abuse. The power imbalances between men and women negatively influence the relationships not only between men and women but also between women with and without disabilities.

Finding allies. Due to the complicity of so many groups of people in abuse - from the family, to the community, to the institutional level - it is important to find allies or champions, and work at multiple levels to shift responsibility for the protection and well-being of women and girls

with disabilities to a more collective approach.

Accountable powerholders. Projects need to address the accountability of service providers and/or duty bearers. More needs to be done to build understanding of the intersectional marginalization of women and girls with disabilities and consequently develop robust protection and reporting mechanisms within structures.

Tackling social norms. Researchers observed that communities are more likely to intervene when they have been exposed to awareness campaigns that highlight the rights of people with disabilities. Consistent messaging and awareness raising work is required to re-frame the rights and dignity of disabled people and uproot deeply entrenched social stigma.

Tackling violence against disabled women and girls requires a global response. It means rigorously researching best practice, evidencing the scale of the problem and how disability and gender intersect; concerted financial investment to resource response services; long term investment in building the capacity of community and service providers and investment in tackling social stigma and transforming attitudes.

There is a lot of work to do.

But if we are serious about fulfilling the aspiration to 'leave no one behind' then it must be done.

**WHAT WILL YOUR
COMMITMENT BE?**
Let's start a conversation
today. info@add.org.uk





International



WHO WE ARE.

ADD International is a disability rights organisation. We partner with organisations of disability activists in Africa and Asia and help them access the tools, resources and support they need to build powerful movements for change.

Over the last 30 years we have supported women with disabilities to either set up their own activist organisations or to create dedicated women's departments in existing groups.

We have seen women with disabilities become stronger, more empowered and outspoken.

ADD International has both participated in, and led, initiatives to highlight the intersectional discrimination of women and girls with disabilities and highlight their high risk to violence and low visibility in programmes and services addressing the issue. Our work is guided by the UN human rights instruments and more particularly by the UN Convention on the Rights of Persons with Disabilities.

We commissioned this review in response to the prioritisation of gender-based violence as a sector-wide development issue. We wanted to collate insight from our gender-based violence work to inform our own practice and to support other agencies in implementing effective interventions.

Our thanks to Karen Andrae for authoring the original report and the ADD International Tanzania team for facilitating the work.

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