

Do IPV prevention programmes differentially impact participants with disability?

A multi-site analysis from the What Works to Prevent Violence Against Women Global Programme

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on behalf of the project teams



WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent
Violence Against Women and Girls



UKaid

from the British people

DFID Flagship Programme: What Works to Prevent Violence Against Women & Girls

Growing the evidence base

- ▶ What Works is generating new knowledge on :
 - ▶ drivers of violence
 - ▶ what works in prevention
 - ▶ costs of violence prevention
- ▶ **Evaluations of 15 VAWG prevention interventions in 13 countries across Africa and Asia**
 - ▶ Coordinated measurement of key constructs
 - ▶ 6 with cost effectiveness components



What Works for women with disabilities ?

- ▶ Disability at baseline assessed using Washington Group short set
 - ▶ Assess self-perceived impairment in 4-6 domains
 - ▶ Vision, hearing, mobility, speech/communication, cognitive function, ADL
- ▶ Women with disabilities about 2x more likely to report experience of IPV in the past 12 months (pooled analysis of baseline data)
- ▶ Evidence-based IPV prevention for women and girls with disabilities is extremely limited to non-existent in most settings, esp Global South
- ▶ Do What Works programs work for women with disabilities?

What Works projects included n analysis

Projects analyzed here had:

- ▶ Randomized controlled trial design
- ▶ Adult female participants
- ▶ Individual-level cohort data
- ▶ Disability assessment at baseline
- ▶ IPV prevention as a primary outcome
 - ▶ May or may not have overall effect on IPV
 - ▶ Positive effects on at least one secondary and/or exploratory outcome:
 - ▶ Economic benefit or livelihood strengthening
 - ▶ Mental health

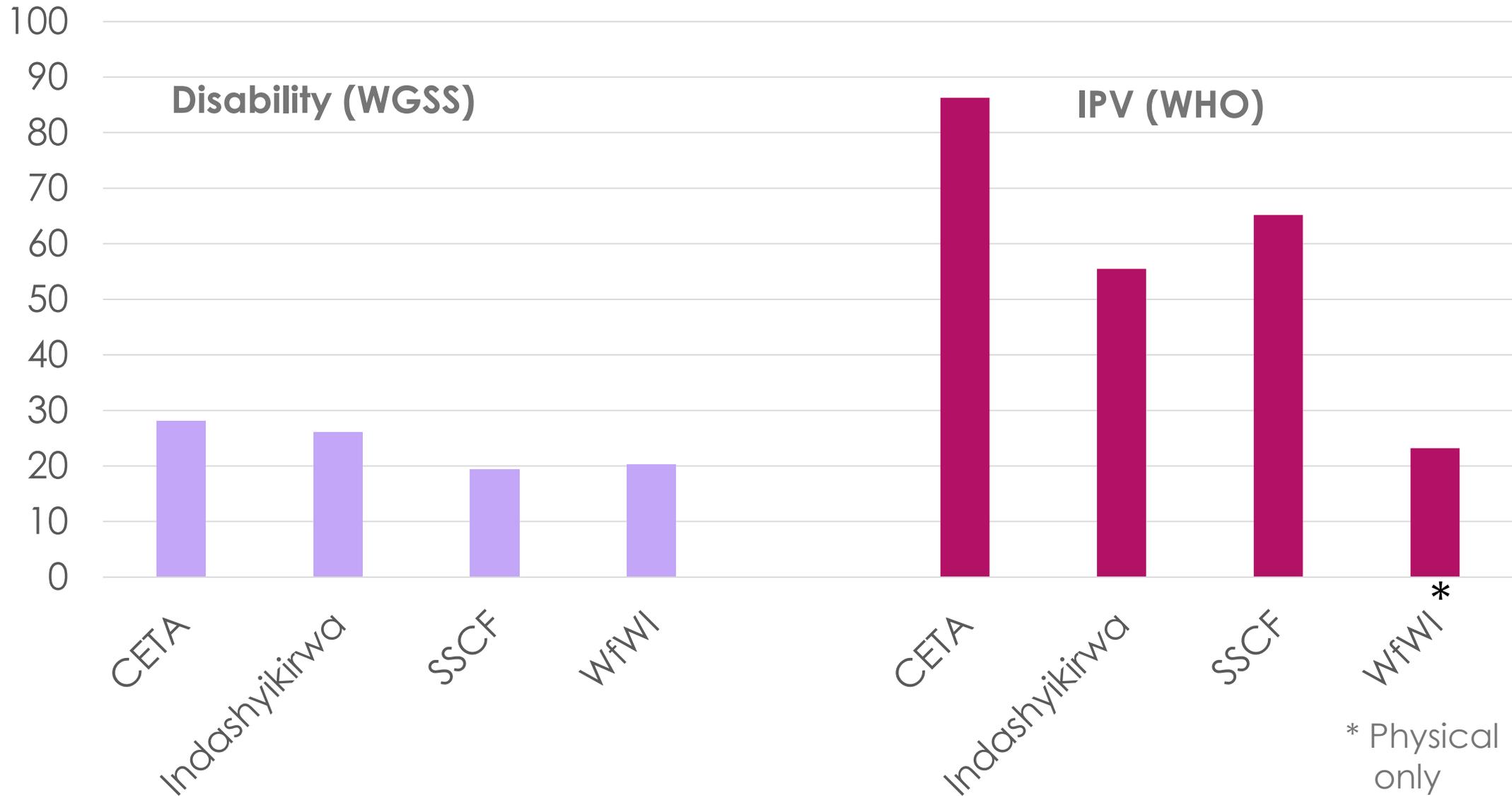
Projects names & locations:

- Common Elements Treatment Approach (CETA), Zambia
- Indashyikirwa, Rwanda
- Stepping Stones /Creating Futures (SS/CF), South Africa
- Women for Women International (WfWI), Afghanistan



	CETA, Zambia	Indashyikirwa, Rwanda	SS/CF, South Africa	WfWI, Afghanistan
Target Population	Families experiencing IPV	Couples & Communities	Youth in informal settlements	Economically vulnerable women
Age range	18+	18-49	18-30	18-45
Intervention strategy?	Transdiagnostic counselling for families with violence/alcohol	Group training for couples + enabling structural interventions	Gender transformation + livelihood strengthening	Economic & social empowerment
Effective for IPV prevention among women?	YES	YES	?	?
Effective for economic empowerment?	Not assessed	YES	YES	YES
Effective for improving mental health?	YES	YES	?	?

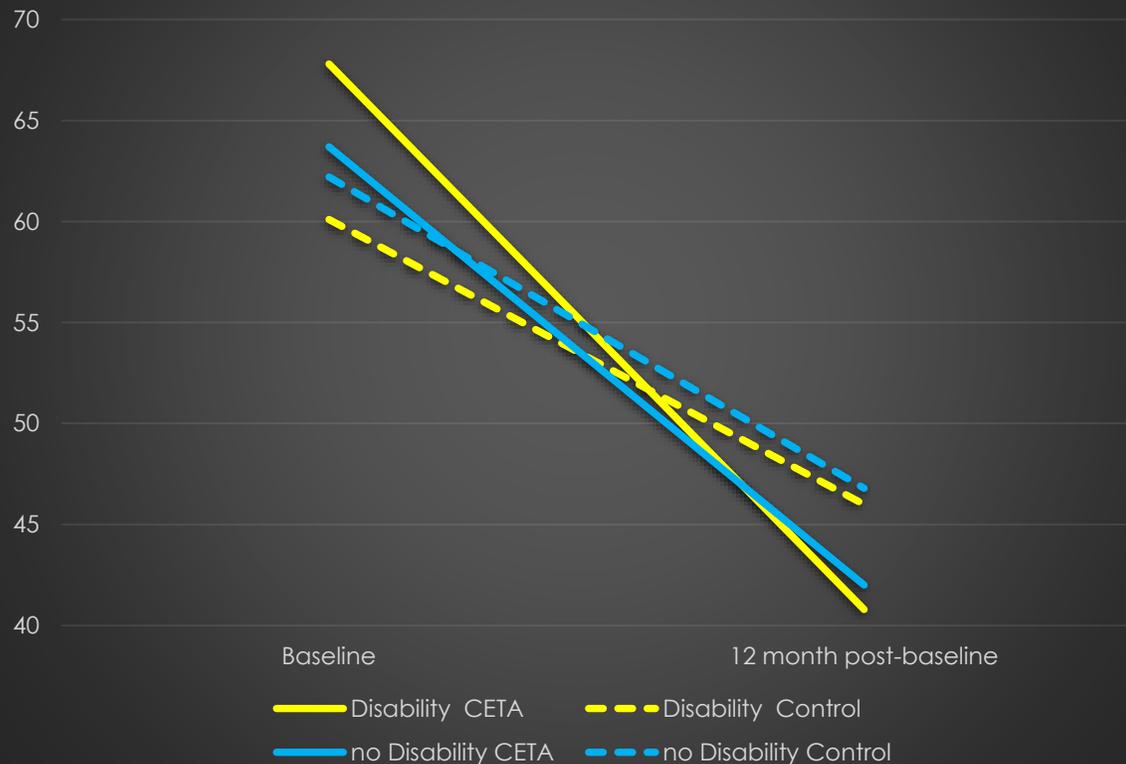
Prevalence of Disability & Physical/Sexual IPV in included projects



Impact on IPV in CETA (Zambia)

Participants selected for high levels of IPV & substance use

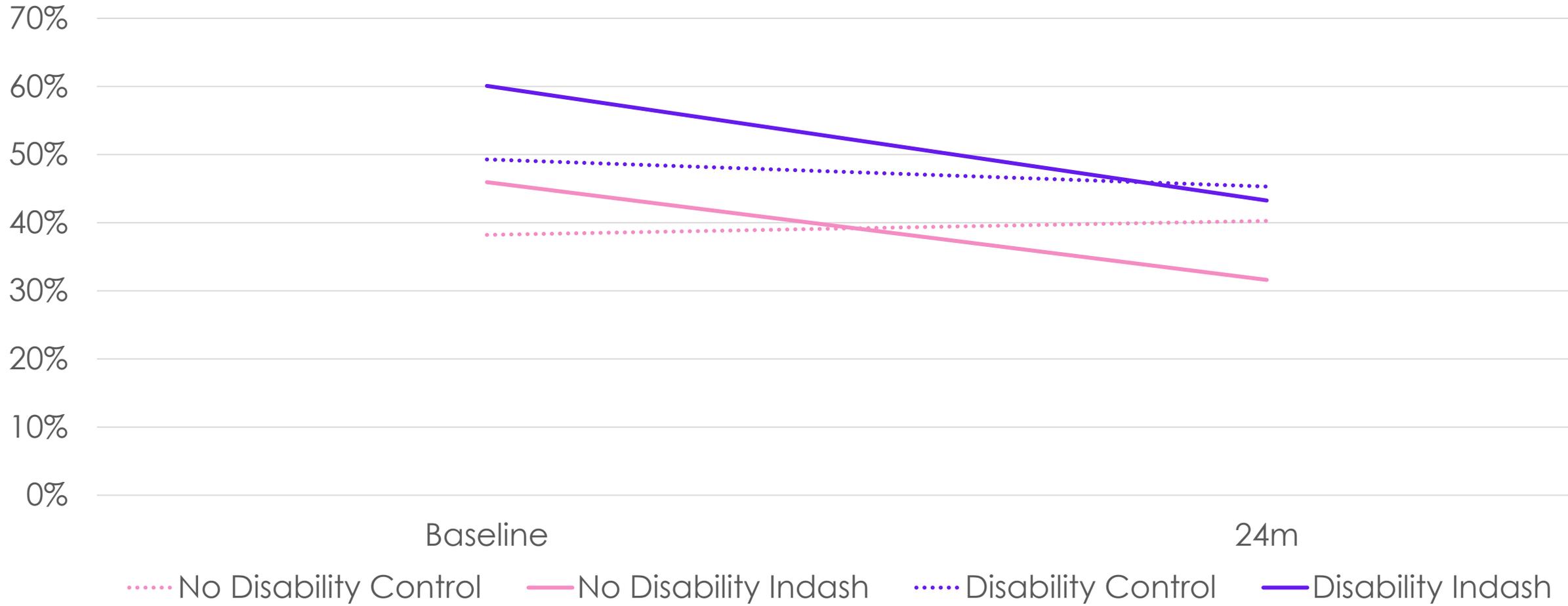
CETA Effect on SVAWS Score Stratified by Baseline Disability Status



Cohen's D effect sizes

- ▶ Participants with disability: 0.66, $p < .01$
- ▶ Participants without disability: 0.42, $p = .11$
- ▶ Beneficial effect clearer for participants with baseline disability

Effectiveness of Indashyikirwa by disability status at baseline



	aOR No Disability	aOR Disability	Differential
Physical	0.37 (0.26 - 0.53)	0.45 (0.26 - 0.77)	No

Indashykira: Other benefits

	Disability	No Disability	Differential?
<u>Economic</u>			
Food insecurity	0.44 (0.24 - 0.80)	0.46 (0.33 - 0.65)	No
<u>Health</u>			
Depression	0.44 (0.26 - 0.77)	0.50 (0.35 - 0.73)	No
Self-rated health	3.23 (1.93 - 5.43)	1.61 (1.17 - 2.1)	Yes

Indashykira: Other benefits

	Disability	No Disability	Differential?
<u>Economic</u>			
Food insecurity	0.44 (0.24 - 0.80)	0.46 (0.33 - 0.65)	No
			No
<u>Health</u>			
Depression	0.44 (0.26 - 0.77)	0.50 (0.35 - 0.73)	No
Self-rated health	3.23 (1.93 - 5.43)	1.61 (1.17 - 2.10)	Better disabled

SSCF : Differential Impacts?

	Disability	No Disability	Differential?
<u>IPV</u>			
Severe IPV	0.89(0.47-1.69)	0.95(0.65-1.38)	No
<u>Economic</u>			
Earning in past month	0.94(0.40-2.20)	2.05(1.35-3.09)	Better non-disabled
Savings in past month	1.58(0.49-5.07)	1.80(1.02-3.17)	Better non-disabled
<u>Health</u>			
Depression	-4.40(-8.81-0.01)	-0.60(-2.37-1.18)	Better disabled
Alcohol use	2.43(0.1-4.76)	-0.53(-1.43-0.38)	Worse disabled

WWFI : Differential Impacts?

	Disability	No Disability	Differential?
<u>IPV</u>			
Severe Physical IPV	1.61(0.71-3.63)	0.58(0.37-0.92)	Better non-disabled
<u>Economic</u>			
Average Earn in past month	4.86(1.33-17.77)	1.49(0.92-2.41)	Better disabled
<u>Health</u>			
Depression (score)	-4.40(-8.81,0.01)	-0.60(-2.37,1.18)	No?

Summary of findings

- ▶ No clear picture!
- ▶ Higher effects IPV for women with disabilities may be related to higher overall prevalence of IPV where interventions are good at harm reduction
- ▶ Health benefits may like be related to lower start points, but likely to be context dependent
- ▶ Economic benefits likely to be very content and program dependent
- ▶ Analysis suffers from under-representation of women with disabilities

Implications for VAWG Intervention & Research

- ▶ Lots we can do **now** to improve access and evidence:
 - ▶ Partner with DPOs & WRAs led by women with disabilities
 - ▶ Ensure people with disabilities have meaningful & visible leadership roles in creating and running violence prevention & response programs
 - ▶ Track access for & impact on people with disabilities as a matter of routine
- ▶ To create meaningful programmatic guidance, we need better info!
 - ▶ Account for diversity of disability
 - ▶ Account for disability status that changes with context & over time
 - ▶ Account for the types of disability most commonly associated with VAWG: depression, PTSD, chronic pain & illness, traumatic brain injuries