

Recent experience of intimate partner violence and non-partner sexual violence among women with disabilities: a pooled analysis of data from 7 studies in 5 countries.

Esnat Chirwa¹, Ingrid van der Heijden¹, Erin Stern², Kristin Dunkle¹

¹Gender and Health Research Unit, South African Medical Research Council

²London School of Hygiene and Tropical Medicine

SVRI Forum 2019
23rd October 2109
Cape Town

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent
Violence Against Women and Girls



Background



- ❑ At least **1 in 3** women experience IPV in their lifetime¹.
- ❑ An estimated **4 in 5** women and girls **with disability** globally live in low and middle income countries.



Women with disabilities are :

- ❑ more likely to be poor, less educated than women without disabilities².
- ❑ exposed to a wider range of potential perpetrators from a wider range of settings than women without disabilities.
- ❑ at risk of disability-specific forms of violence (e.g verbal or emotional abuse, being physically neglected or economically exploited).

Disability measures

To understand the intersections between disability and violence in LMIC, WW:

- ❑ Included the **Washington Group³ Short set of questions on disability** in all quantitative impact evaluation of VAWG prevention studies.
- ❑ Items assess degree of impairment in up to 6 functional domains:
 - ❑ Vision, hearing, mobility, cognition, self care & communication
 - ❑ Subsets of items can be used
 - ❑ Assess degree of impairment on 4 point scale, example:

Do you have difficulty seeing, even if wearing glasses?

1. No - no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all



WhatWorks
TO PREVENT VIOLENCE

Violence measures

Past year intimate partner violence :

- ❖ 5 items used to assess past year physical IPV experience (using the modified WHO scale).
- ❖ 3-4 items used to assess past year sexual IPV experience (This not measured in Afghanistan)
- ❖ Studies also assess emotional and economic IPV.

Non-partner sexual violence:

- ❖ 3-5 items used to assess past year non-partner sexual violence experience.

Summary of the studies used in the analysis

Program evaluated	Country	Type of study	N	Women's Age Range	Sampling or recruitment strategy
Sammanit Jeevan	Nepal	Recruitment of families	200	18 +	Volunteer
Stepping Stones/Creating Futures	South Africa	Cluster randomization	680	18-30	Volunteer
The Women's Empowerment Program	Afghanistan	Individual level randomization	993	18-49	Volunteer
Indashyikirwa couples	Rwanda	Cluster randomization	1,600	18-49	Volunteer
Rural Response System	Ghana	Randomization of 4 districts	1,877	18-49	Household-based survey
Change Starts at Home	Nepal	Cluster randomization	1,800	18-49	Household-based survey
Indashyikirwa community intervention	Rwanda	Cluster randomization	1,399	18-49	Household-based survey

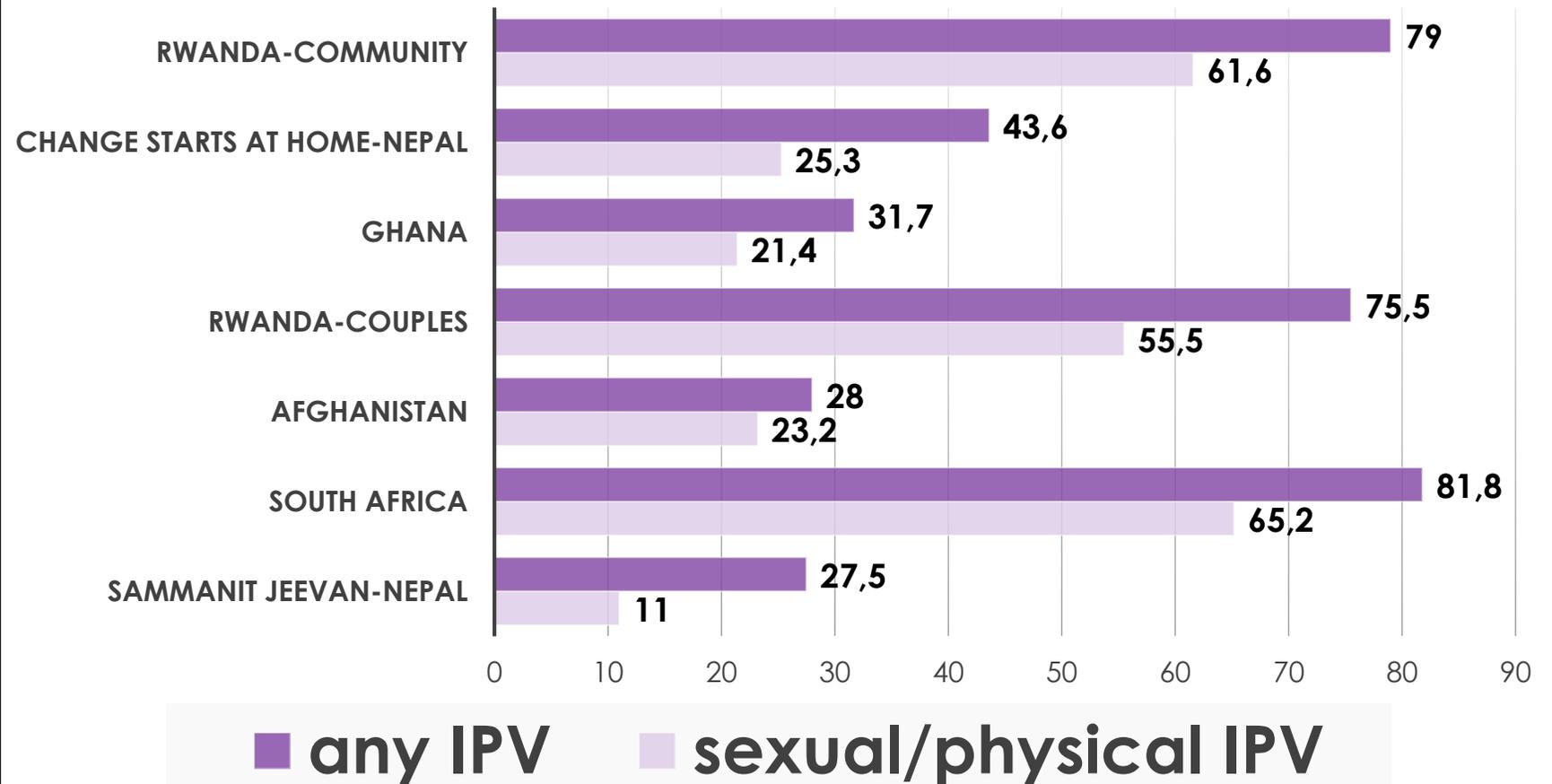


Past year IPV prevalence

Overall, **half** of the women experienced some form of IPV.

- ❖ **1 in 3** women experienced past year Physical IPV.
- ❖ **1 in 3** experienced sexual IPV.
- ❖ **2 in 5** experienced emotional IPV.
- ❖ **2 in 5** experienced sexual and/or physical IPV
- ❖ **1 in 5** experienced both physical and sexual IPV

Past year IPV experience



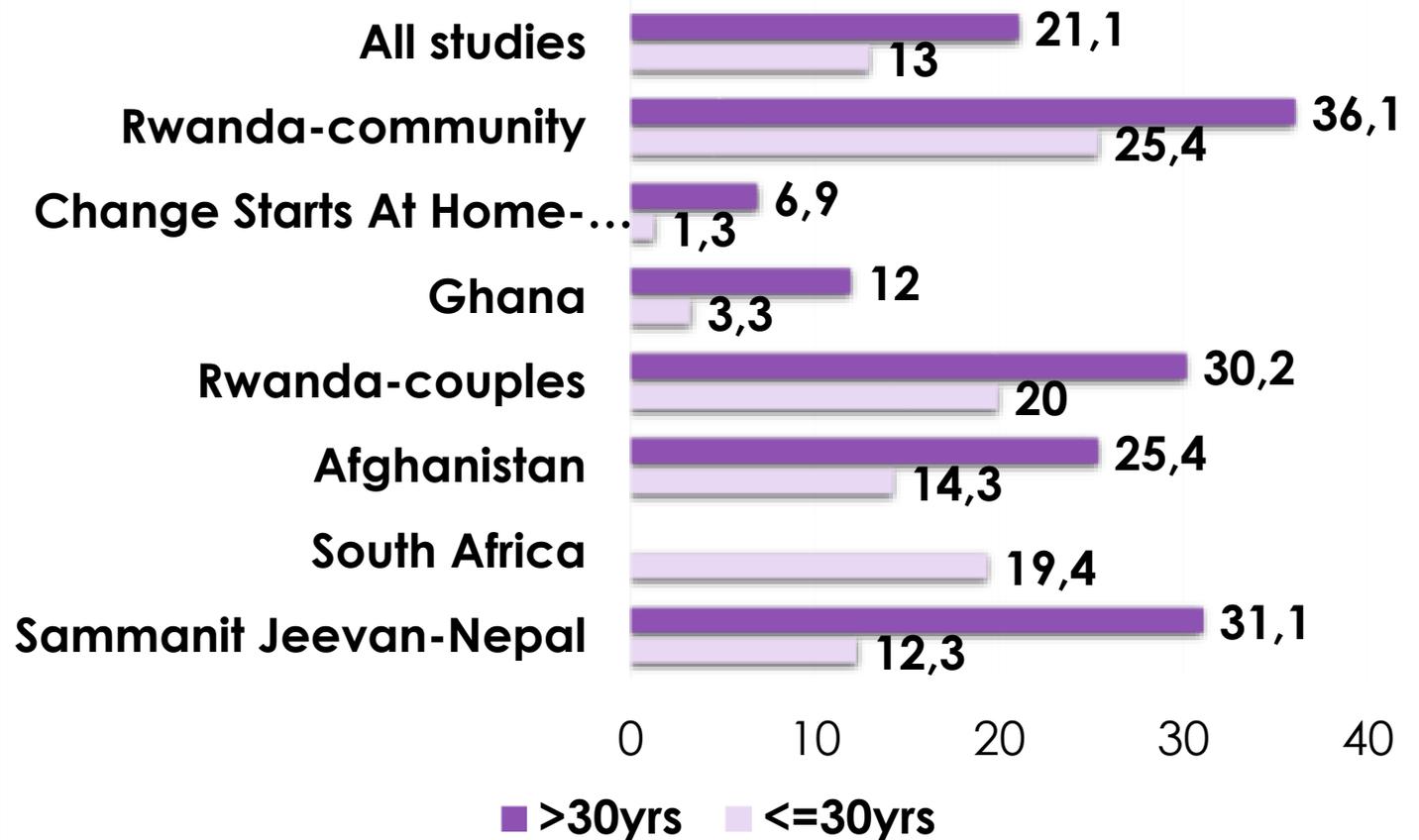
Disability prevalence

- ❑ **17%** of the women had some form of disability [range **5%** (Nepal, HH-level study) to **32%** (Rwanda HH-level study)].
- ❑ **13%** of the younger women and **21%** of the older women had some form of disability.

❖ Association between disability and woman's age.

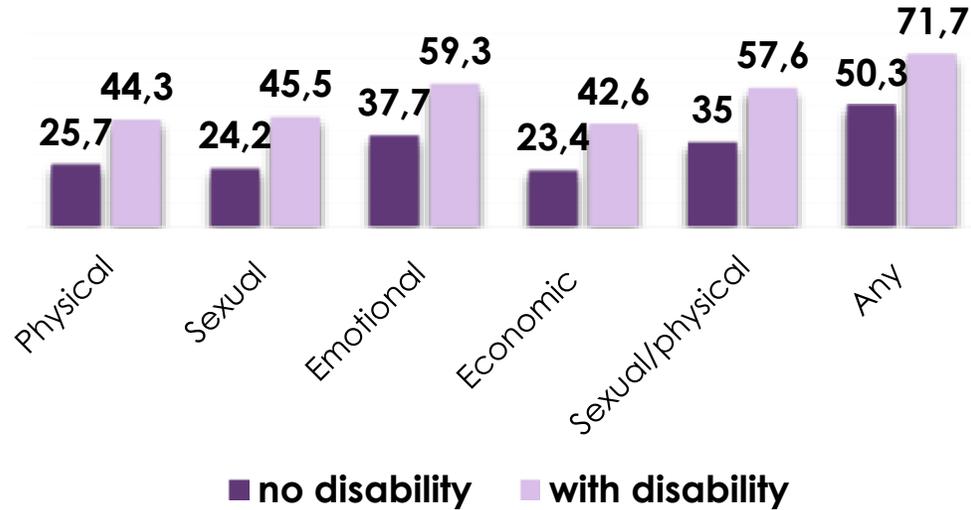
❖ Across all studies, older women have higher disability prevalence.

Disability prevalence by age



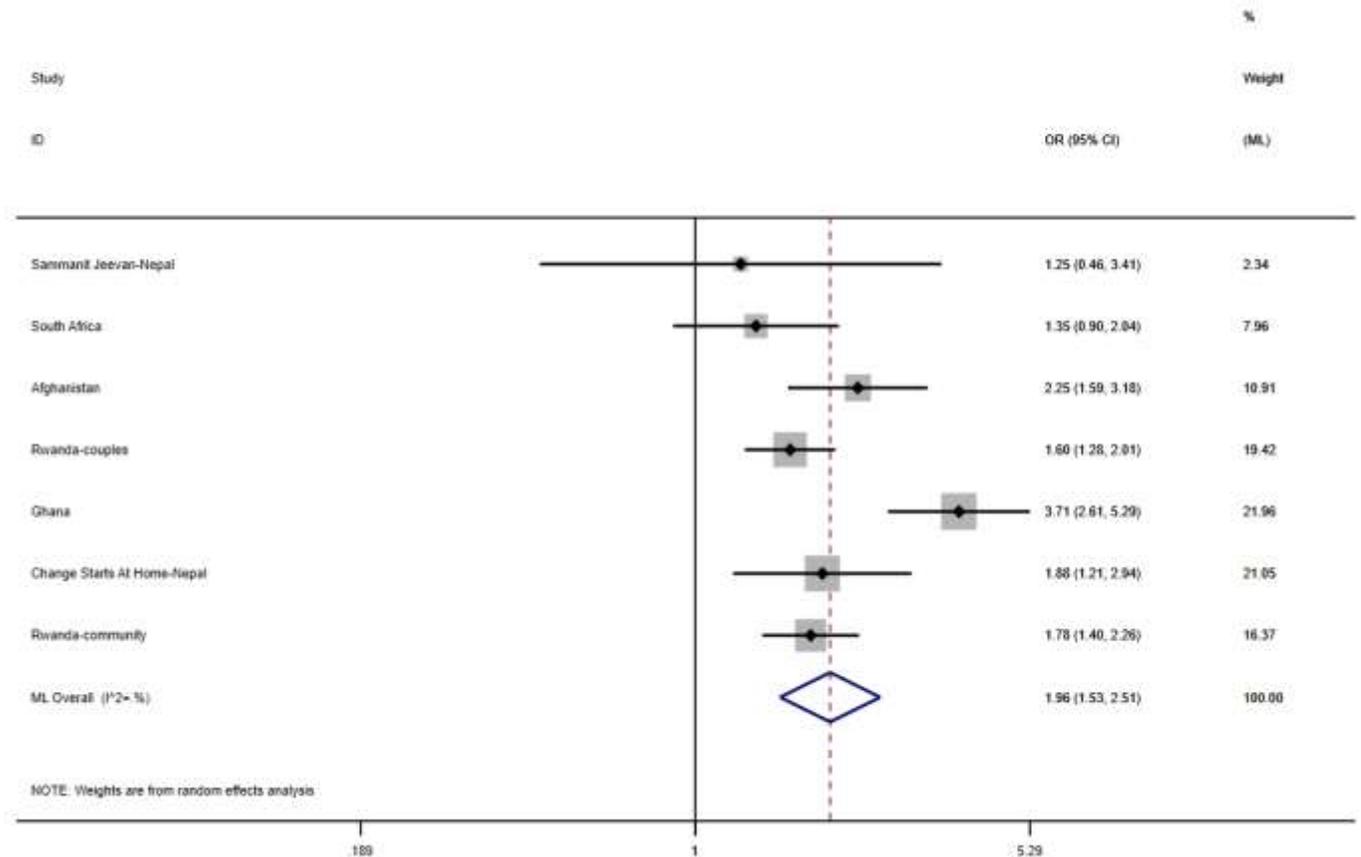
Relationship between IPV and disability

Disability and different forms of IPV.



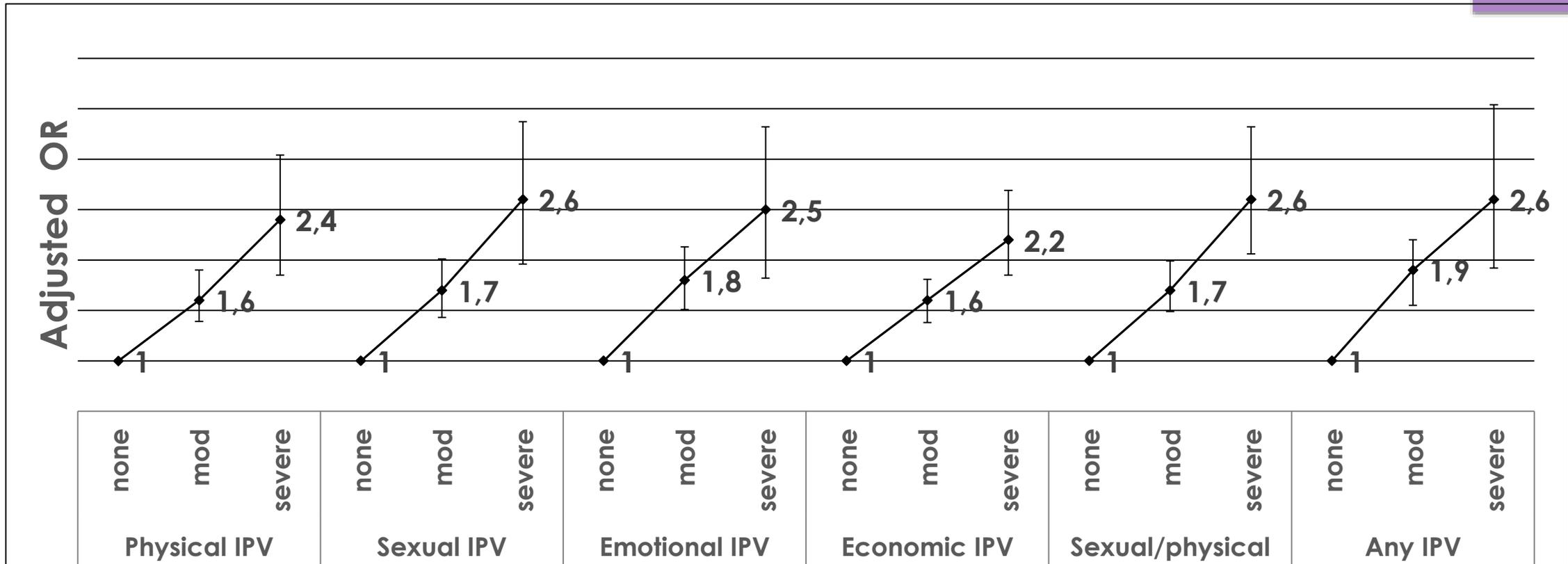
- ❑ Overall, women with disabilities have higher prevalence of all forms of IPV.
- ❑ Similar pattern is observed across all the different study settings.

Disability and past year experience of sexual/physical IPV



- ❑ Overall and adjusting for age, women with disability are **2X more** likely to experience IPV.

Severity of disability and odds of experiencing IPV



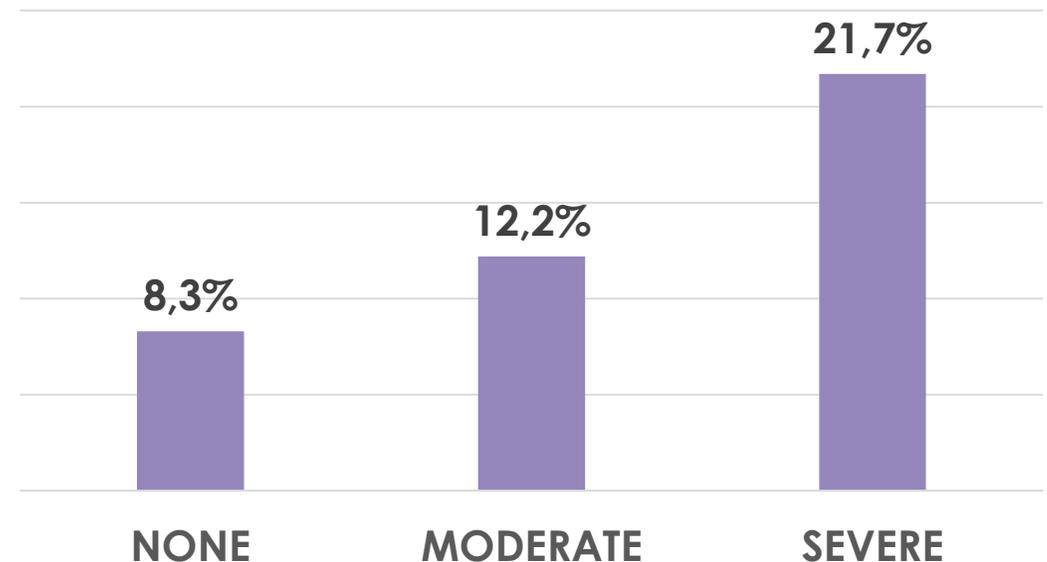
- ❑ The prevalence of IPV experience was higher among women with more severe disabilities than those with moderate disabilities, for all forms of IPV.
- ❑ Increase in severity of disability is associated with increase in frequency of IPV experience for all IPV types.

Disability and non-partner sexual violence

Baseline data from the Stepping stone Creating Futures project (South Africa) & the Rural Response System study (Ghana) showed that:

- About **2 in 10** women with severe disabilities experienced non-partner violence.
- **1 in 10** women with moderate disabilities experienced non-partner sexual violence .
- ❖ **Women with disability are 2 times more likely to experience non-partner sexual violence.**

Prevalence of non-partner sexual violence by disability status



Key messages

- ❑ Across all settings, women with disabilities are most vulnerable to IPV and non-partner sexual violence.
- ❑ The prevalence of IPV or non-partner sexual violence is higher among women with more severe disabilities than those with moderate disabilities.
- ❑ Considering that women included in these studies were physically and cognitively able to participate in research interviews, it is highly likely that women with most severe disabilities and thus most vulnerable to violence were excluded.

Research and Programme Recommendations

Research and Monitoring Recommendations

- ❑ Better definitions and metrics that account for wider diversity of disabilities
- ❑ Account for wider range of violence experience, including caregivers
- ❑ Look at accessibility, risks and benefits of programme by type & severity of disability
- ❑ Account for disability status that changes with context & over time

Programme Recommendations

- ❑ IPV prevention and response programmes must be as accessible as possible for women with disabilities.
 - ❑ Active partnership with organisations led by and for women with disabilities
 - ❑ Involvement of women with disabilities in programme design and leadership
- ❑ Programmes for people with disabilities should actively be seen to address risk of violence

References

1. World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*, p.2
2. World Health Organization/World Bank. 2011. *World Report on Disability*. Geneva: World Health Organisation/World Bank.
3. Madans, J.H., M.E. Loeb, and B.M. Altman, (2011). Measuring disability and monitoring the UN Convention on the Rights of Persons with Disabilities: the work of the Washington Group won Disability Statistics. *BMC PublicHealth*, 11(4): S4.

Acknowledgements

We profoundly thank the project teams and participants from:

- Women for Women International (Afghanistan)
- Rural Response system (Ghana)
- Sammat Jeevan (Nepal),
- Stepping Stones/Creating Futures(South Africa)
- Change starts at Home (Nepal), and
- Indashyikirwa (Rwanda).