



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

Summary Brief

Approximately 7.6 million persons with disabilities are living in situations of forced displacement worldwide.¹ In these settings, gender-based violence (GBV), particularly sexual violence and exploitation, often escalates as social, community and state protection mechanisms are weakened.² The World Health Organization reports that rates of violence are 4-10 times greater among persons with disabilities than non-disabled persons in developed countries.³ This has significant implications for their protection in humanitarian settings.

Despite this, persons with disabilities are often excluded from programs and services designed to prevent and respond to GBV in humanitarian settings.^{4,5} In response, the Women's Refugee Commission and International Rescue Committee conducted a project to identify these barriers to access, and to pilot and evaluate disability inclusion in GBV programs. The participatory research was conducted in conflict-affected communities in Burundi, Ethiopia, Jordan and the Northern Caucasus in the Russian Federation.

Summary findings

- The intersection of gender, disability and displacement increases risk of violence for women, girls, boys and men with disabilities and female caregivers.
- Women with physical disabilities who are isolated in their homes report rape and intimate partner violence, with some being subjected to sexual violence on a repeated and regular basis and by multiple perpetrators.
- Women, girls, boys and men with intellectual and mental disabilities are more vulnerable to sexual violence in humanitarian contexts, due to a lack of:
 - o information about GBV



- o awareness of personal safety, and
- o protective peer networks.
- Women and adolescent girls, who disproportionately assume caregiving roles in households of persons with disabilities, are exposed to harassment and exploitation when seeking assistance or income where this is outside of the social norms for women.
- Attitudes of families, GBV service providers and community members are the biggest barrier AND the biggest facilitator to inclusion in GBV activities.

Key Recommendations

Recommendations for GBV actors

Provide training and reflective learning on the intersections between gender and disability for GBV program managers and service providers, and establish a common understanding of and commitment to the rights-based and survivor-centered approaches when working with this group.

Recruit women and girls with disabilities as staff and volunteers in gender-based violence programs, and advocate for their inclusion in community associations.

“Now, I am a leader in our community. I am part of the disability association and I work as a social worker. I have valuable things to add and I can advocate for women and children with disabilities and their caregivers.”

Mieraf, Social Worker – My’Ayni Camp, Ethiopia

Prioritize the inclusion of persons with disabilities and caregivers in activities that strengthen social capital and peer networks. This is particularly important for prevention of violence against those at highest risk: adolescent girls with disabilities; women with physical disabilities who are isolated in their homes; female caregivers; and women, girls, boys and men with intellectual disabilities.

Set targets for the inclusion of women with disabilities and female caregivers in economic empowerment programming. Identify and seek to mitigate any potential negative consequences of their participation in these activities, including the impact on other women and girls in the household.

Recommendations for disability actors

Train staff on gender and gender inequality to strengthen understanding of the different ways that conflict and displacement affect women, girls, boys and men with disabilities, and adapt activities and services accordingly.

Raise awareness of the GBV risks faced by women and girls with disabilities during crises, and provide training on communicating with survivors and in making appropriate referrals to GBV service providers.

Foster networking between refugees and displaced persons and organizations of persons with disabilities (DPOs), and between women with disabilities and

the women’s rights movement in crisis-affected countries and regions.

Recommendations for donors and governments

Hold humanitarian organizations accountable for addressing the needs of persons with disabilities and caregivers in GBV programs. Highlight positive practices from different organizations across humanitarian settings to encourage compliance with disability and gender-sensitive approaches.

Advocate that the full range of disability- and gender-related concerns, including GBV, be recognized in all international instruments.

Read the full report, a Toolkit for GBV Practitioners on Disability Inclusion and Stories of Change at http://wrc.ms/disability_GBV

Notes

1. This figure is determined using the global estimate that 15 percent of any population will be persons with disabilities (WHO, 2011), and that 51.2 million people are displaced by crisis and conflict worldwide (UNHCR, 2014).
2. IASC, Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies (2005). http://interagencystandingcommittee.org/system/files/legacy_files/tfgender_GBVGuidelines2005.pdf
3. World Health Organization & The World Bank, World report on disability (2011), p. 59. http://www.who.int/disabilities/world_report/2011/en/
4. Human Rights Watch, “As if we weren’t human”: Discrimination and violence against women with disabilities in Northern Uganda (2010). <http://www.hrw.org/de/reports/2010/08/24/if-we-weren-t-human>
5. Women’s Refugee Commission, Gender-based violence among displaced women and girls: Findings from field visits 2011 – 2012. http://wrc.ms/GBV_disab_field_visits



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