



Building capacity for disability inclusion in gender-based violence programming in humanitarian settings

Burundi – October 2013

The International Rescue Committee (IRC) and Women's Refugee Commission (WRC) are currently conducting a two-year project to contribute to the evidence base on effective strategies for disability inclusion in gender-based violence (GBV) prevention and response activities in humanitarian contexts. This project is being implemented in IRC humanitarian programs in four countries – Ethiopia, Burundi, Jordan and North Caucasus. This paper describes the findings from the first phase of this project which is being piloted in IRC Women's Protection and Empowerment (WPE) activities in Bujumbura, as well as Kinama, Musasa and Bwagiriza refugee camps.

Methodology

In September 2013, a total of 160 refugees, including persons with disabilities and their care-givers, were consulted across the four sites through group discussions, home visits and individual interviews. Thirteen humanitarian actors were consulted, including IRC staff, UNHCR, and other NGOs operational in Burundi. An action planning workshop was also conducted with IRC staff and partners in both Bujumbura and Ruyigi to raise awareness about the findings from group discussions and get their feedback and collaboration on proposed pilot actions to be implemented over the next 12 months.

Types of violence reported by persons with disabilities

Bujumbura

The vast majority of women and girls with disabilities who participated in group discussions in Bujumbura disclosed personal experiences of rape, which for some individuals was happening on a regular basis, and involving multiple perpetrators. Three out of the eight participants with disabilities also disclosed having children as a result of rape.¹

"I have 'crises' – and people take profit during these 'crises'. This is when men come to rape me – I don't know any of the fathers of my [four] children." (Woman with mental disabilities in Bujumbura)

Young persons and children with intellectual disabilities, both male and female, may also be at higher risk of sexual violence, including rape. Of this small sample of survivors with disabilities, one third were men, and all except one were 18 years or under. Violence against persons with intellectual disabilities was more likely to happen when moving around the community, whereas women with mobility difficulties were more likely to experience violence in their homes, perpetrated by men from outside of the household.

"It is very difficult to describe – I am unsafe even in my own house because I live only with other women. People come any time to the house [to rape them]." (Participant in group discussion with women with disabilities in Bujumbura)

Camps

Whilst personal experiences of sexual violence were reported less in the camp settings compared with Bujumbura, there was still widespread agreement that women and girls with intellectual disabilities are the most at risk of such violence. In all three camps, women with disabilities reported exploitation by other community members who assist them to carry water, or supplies from the market. This exploitation is largely material, with community members asking for money or food in exchange for assistance. Women with disabilities in Musasa camp, however, expressed concern that girls with disabilities may experience rape and sexual exploitation in school.

*“They [teachers] see their condition and offer them things, like better scores, to profit – they rape them.”
(Participant in group discussion with women with disabilities in Musasa)*

Women with disabilities in Kinama highlighted risk of sexual violence near poorly lighted latrines, and physical violence at crowded water points, and the path to the market near Musasa camp.

Men with disabilities

In both camp and urban contexts men with disabilities perceived that they also experience emotional violence in their families and the wider community when they are no longer able to fulfill the roles expected of them in society.

*“You lose honor and dignity as the head of the family because you cannot provide for the family’s needs.”
(Participant in group discussion with men with disabilities in Bwagiriza)*

They also acknowledged that changes in their ability to provide for the family may increase the workload and responsibility on their wives, increasing their vulnerability to exploitation and abuse.

What makes persons with disabilities more vulnerable to violence?

Group discussions highlighted the following factors that make persons with disabilities vulnerable to violence in these different settings:

- **Stigma and discrimination** – Persons with disabilities recounted repeatedly that they are considered of “low value” in society, which leads to multiple levels of discrimination and greater vulnerability to violence, abuse and exploitation, especially for women and girls with disabilities.

“It is very hard for women with disabilities – Harder for women [than men]... It is much harder to get married and they are exposed to rape, even if they get married. People don’t want to marry her, but rather take advantage of her [‘se soulager’ – literally means relieve themselves...] and she can’t defend herself. So now, she is no longer a virgin and they will want to marry her even less.” (Participant in group discussion with men with disabilities in Bujumbura)

- **Community perceptions** that persons with disabilities will be unable to physically defend themselves from a perpetrator or effectively report incidences of violence. Women with disabilities report that they are targeted by perpetrators in their homes at times when they are alone and/or unable to defend themselves.

“When she is ill and alone, there are a group of boys who watch her for when she is alone so they can rape her. One day they tried to do this, but I saw them. Like this, we live in fear.” (Mother of a woman with disabilities in Bujumbura)

- Lack of knowledge about GBV and personal safety which means that women, men and children with intellectual and mental disabilities can be more easily targeted by perpetrators.

“There is a traditional belief that they practice sodomy to cure illness, like HIV, or to become rich. So men will rape boys. Boys with mental disabilities are more at risk than non-disabled boys, because they believe everything people tell them.” (Participant in group discussion with survivors with disabilities and care-givers of survivors in Bujumbura)

- Power imbalance and inability to negotiate relationships between women with disabilities and their husbands, increases their risk of domestic violence and abuse.

“My husband goes out and looks for young girls. He may be away for two to three months. It brings shame and humiliation. I am not sure what to do. You can’t refuse him when he comes back and he may bring diseases.”(Woman with disabilities in Bujumbura)

- Extreme poverty and lack of basic needs increases the risk that single women with disabilities and their family members may be abused and exploited, or they may resort to survival sex and prostitution.

“For me, my relations with my husband got worse after I became disabled. He said, I can’t stay with you and he throws me away. My children were in school, but now they have dropped out. My daughter has become a prostitute. If I could get some assistance, then our lives would be better.”(Woman with mental disabilities in Bujumbura)

- Distance and a lack of transportation, which means that women with physical disabilities have no viable way to seek services confidentially, especially in Bujumbura.

- Isolation and a lack of protective networks in the community – They have very few people whom they trust or can turn to in times of need.

“My son with mental disabilities goes out and comes back with bruises, so we can say that there is no one who is positive about persons with disabilities.” (Participant in group discussion with GBV survivors with disabilities and care-givers in Bujumbura)

Pilot actions to strengthen disability inclusion in WPE programs in Burundi

Over the next 12 months, the IRC and WRC will seek to strengthen access and inclusion for persons with disabilities in WPE programs through the following actions:

- (i) Develop technical tools and resources to support IRC GBV staff working with persons with disabilities, such as:
 - Guidance notes for a discussion series that will support vulnerable individuals to discuss safety concerns and strategies which are specific to their needs;
 - Tools for communicating and interacting with persons with intellectual and mental disabilities;
- (ii) Ensure persons with disabilities have information about GBV services:
 - In Bujumbura, by training partner organizations conducting outreach and home visits in communes not covered by IRC;
 - In the camps, by recruiting more women with disabilities as community animators;

- Engaging refugee committee members and community animators to identify persons with disabilities and inform persons with disabilities about available services;
- Adapting communication materials to include persons with disabilities, sending a message that persons with disabilities are an integral part of the diversity within the community.

“To see a picture of a person with disabilities, we will feel more involved with normal people. It also educates people that in everything, persons with disabilities should be involved.” (Participant in group discussion with women with disabilities in Bwagiriza)

(iii) Strengthen service delivery for survivors with disabilities in Bujumbura by:

- Clarifying transportation assistance and protocols for GBV survivors wishing to seek assistance;
- Liaising with existing partners (including UNHCR) in order to facilitate transportation for survivors with disabilities who can't move to the nearest GBV case management centre;
- Conducting more structured and comprehensive safety planning for survivors with disabilities in individual counseling sessions with survivors, but also in group discussions with other vulnerable women (as described under (i)).

(iv) Economic strengthening for vulnerable persons with disabilities and their families in the camps by:

- Reviewing the criteria for beneficiary selection in economic strengthening activities in order to ensure the inclusion of persons with disabilities/ family members of persons with disabilities.
- Monitoring the number of beneficiaries who are persons with disabilities or family members of persons with disabilities, and establishing quotas as appropriate (e.g. 10-15% of beneficiaries);
- Engaging the disability committees and community animators with disabilities to play a role in identifying persons with disabilities who meet the criteria;
- Working with the IRC social welfare team to make adaptations so individuals with disabilities can participate in these activities on an equal basis with others.

For more information about the project, please contact:

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ⁱ During the informed consent process, women were advised that they did not have to share personal experiences, and consented to their information being used in reports to improve programs in Burundi and other countries. All participants were advised of services available for GBV survivors.