



Gender-based Violence among Displaced Women and Girls with Disabilities: Findings from Field Visits 2011 – 2012

The World Health Organization reports that rates of violence are 4-10 times greater among persons with disabilities than non-disabled persons.¹ Consultations with persons with disabilities conducted by the Women's Refugee Commission (WRC) in seven countries suggest that women and girls with disabilities may be particularly vulnerable to gender-based violence in conflict and post-conflict settings. However, they do not have the same access to prevention and response programs as other community members.

While agencies are increasingly aware of the need for greater disability inclusion, they also need practical, proven strategies for effective inclusion, and the technical tools or resources to adapt their programs. To help build capacity in the humanitarian community, WRC is currently partnering with the UN High Commissioner for Refugees (UNHCR) on the implementation of the agency's [*Need to Know Guidance for Working with Persons with Disabilities in Forced Displacement*](#)² in seven pilot countries. In this work, we have consulted with over 210 men and 260 women with disabilities (including care givers) in refugee and displaced persons settings in India, Uganda, Bangladesh, Thailand, Nepal, Ethiopia and Philippines (Mindanao). More than 340 humanitarian actors have attended our workshops. Refugees with disabilities and their families also actively participate in these events.

Key Findings on Gender-based Violence (GBV)

- In all seven settings, women with disabilities have reported that they experience sexual, emotional and/or physical violence. Women and girls with disabilities report that they are more vulnerable because of their impairment.

“Violence can happen anywhere because she cannot run and has no means to protect herself.” (Group discussion with women with disabilities in Shedder camp, Ethiopia)

- There is a lack of data and information about survivors with disabilities, as many survivors with disabilities do not report GBV and/or disability is not being accurately identified and recorded in intake forms. One exception is Nepal, where UNHCR reported that 49 percent of all adult rape survivors in the Bhutanese refugee camps between 2009 and 2011 were persons with mental and/or physical impairments.
- Girls and women with disabilities are at risk of sexual exploitation by community members and may engage in survival sex.

“If you have a disabled girl, you always worry – a man might come and give her money. She takes the money to get food and he will ask for something back – she will end up pregnant.” (Mother of a young woman with disabilities in Aw’bare camp, Ethiopia)

¹ World Health Organization & The World Bank (2011) World report on disability, p. 59.

² <http://www.unhcr.org/refworld/docid/4e6072b22.html>

- Young women with intellectual impairments are excluded from youth activities that might provide them with the information, education and peer networks to reduce vulnerability to GBV.

“She wants to go out all the time ... she is growing up and not a child anymore ... As a mother, you worry what will happen.” (Mother of a young woman with intellectual impairments living in New Delhi)
- In some settings, women with disabilities are unsafe in their own homes.

“To outsiders everything looks fine, but actually they are neglected, beaten and abused by the family.” (Report from group discussion with deaf women living in Sanischare camp, Nepal)
- Some GBV survivors with disabilities are unable to move and communicate, and many more may be more vulnerable to GBV due to extreme isolation.

“I know a neighbor who can’t dress herself and she has a child – she is very vulnerable to violence.” (Group discussion with women with disabilities in Shedder camp, Ethiopia)
- Women with disabilities may not report cases of GBV and access services due to the negative attitudes of humanitarian staff who may question their credibility.

“We normally don’t seek help, because people think we are making up stories for resettlement.” (Woman with disabilities in Shedder Camp, Ethiopia)

“They tell me to go away and to not be violent towards (these) people.” (Woman with psychosocial impairments living in conflict-affected Mindanao when asked about the response of police to her reports of “molestation”)
- Persons with disabilities are not included in community activities and key GBV prevention programs, such as women’s groups, reproductive health education, peer support and livelihoods activities, which might reduce their vulnerability.

“We are not represented in the Women’s Association, and we don’t go to any of their activities.” (Woman with disabilities in Shedder camp, Ethiopia)
- GBV practitioners face a number of challenges in ensuring that survivors with disabilities access the same multi-sectoral responses as other survivors. This is particularly the case for survivors with communication and multiple impairments.

“It is very difficult to provide assistance to PWDs [persons with disabilities] through the multi-sectoral system ... They need support throughout the process (to make decisions) and we need more training ... When we start referring to services, it gets very difficult to maintain confidentiality.” (UNHCR Protection Officer, Nepal)

For more information, contact:

Emma Pearce, Disability Program Officer, Women’s Refugee Commission
emmap@wrcommission.org