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Disability-inclusive GBV Prevention and Response Programming

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## **Acronyms and Abbreviations**

CEDAW	Convention on the Elimination of Discrimination Against Women
CRPD	Convention of the Rights of Persons with Disabilities
DPO	Disabled Persons Organisation
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
IASC	Inter-Agency Standing Committee
IPV	Intimate Partner Violence
IRC	International Rescue Committee
NGO	Non-Governmental Organisation
OHCHR	Office of the United Nations High Commissioner for Human Rights
PWD	Person with Disabilities
SDGs	Sustainable Development Goals
SRAW	Special Rapporteur on Violence against Women
TAAP	Transforming Agency, Access and Power
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
UNSC	United Nations Security Council
UNSCR	United Nations Security Council Resolutions
VAWG	Violence against women and girls
WRC	Women's Refugee Commission
WWD	Women with Disabilities

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## Abstract

In light of the Sustainable Development Goals' (SDGs) principle of "leaving no one behind," a rigorous literature review was conducted on behalf of an Irish Non-Governmental Organisation (NGO), to identify and describe the literature on the intersectionality between Gender-Based Violence (GBV) and disability within humanitarian and development contexts, examine the risk factors to GBV for women with disabilities (WWD), and provide an understanding of how GBV prevention and response programmes could be adopted to become more disability-inclusive in these contexts.

As such, this project found that within the academic and grey literature sources surveyed – despite recognition of the heightened risks for GBV among WWD – a low visibility of these groups within the sector persists, both in humanitarian and development contexts. Social and cultural perceptions regarding both gender roles and disability, played a significant role in increasing the risk and shaping the perpetuation of violence for WWD, as well as the barriers they faced when seeking care.

Within GBV prevention and response programmes, gaps were identified with regards to disability inclusion at all Process Groups of Project Management<sup>1</sup> – initiation, planning, executing, monitoring and controlling, project closure – wherein misconceptions regarding disability inclusion, lack of awareness and staff capacity-building, inaccessibility, exclusionary attitudes and under-reporting for WWD persisted. To address the gaps found, recommendations for enhancing disability inclusion within GBV programming were provided for all five Process Groups of Project Management at the societal, institutional and individual levels. This project thus provides an understanding on the general intersectionality between GBV and disability in development and humanitarian contexts, and what these imply for GBV prevention and response programming. However, it also acknowledges its short-comings in providing disability-specific understandings for GBV programming.

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<sup>1</sup> Cf. Table 1.

## Introduction

Ortoleva and Knight (“Who’s Missing”) highlight the importance of disability inclusion, as persons with disabilities (PWD) make up approximately 15% of the world population of which approximately 80% live in developing countries.<sup>2</sup> Previous academic studies have attempted to systematically document the prevalence of violence and GBV among PWD.<sup>3 4</sup> In-depth interview data gathered in the United States and Canada showed that the risk of violence and abuse is increased for WWD, who remain particularly vulnerable due to the social norms that dictate how they are perceived in their surroundings, not just as people, but as WWD as well.<sup>5 6</sup> However, gaps, such as the underrepresentation of WWD and lacking awareness of accessibility barriers for WWD in GBV programmes have been identified by grey literature and academic sources alike in the implementation of disability-inclusive programming for GBV initiatives.<sup>7 8</sup>

As a result of these observations, the objective of this research is twofold: First, to synthesise current existing literature on the intersectionality between GBV and disability in development and humanitarian contexts; second, to use these findings as a foundation for understanding how GBV programming can be adapted to become disability-inclusive in these contexts. An understanding of these gaps combined with potential approaches towards making programmes more inclusive would serve as a resource to GBV programmers and practitioners.

## Research Questions

The rigorous literature review will assess the following questions: Is the intersectionality between GBV and disability in development and humanitarian contexts within the literature recognized, if so, how? What does academic and grey literature say about the causes and contributing risk factors of WWD to GBV? Lastly, how can GBV prevention and response programmes be adapted to become more disability-inclusive?

## Methods and Methodology

This study is a rigorous literature review and takes an inductive approach to the subject, departing from the observed lack of intersectionality between the two subject-matters. Furthermore, this desk-based study was conducted through the use of secondary sources as detailed in the subsequent sections. Due to large overlaps in findings and the assessed grey literature’s robustness<sup>9</sup>, academic and grey literature were reviewed and discussed jointly to provide a comprehensive analysis on the existing literature on the intersectionality between GBV and disability in GBV programming. These methods will allow the researchers to conduct the critical analysis needed to produce this research.

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<sup>2</sup> “Factsheet on Persons with Disabilities.” UNDESA, 2020, accessed 15/04, 2020, <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

<sup>3</sup> Bowen, Erica, and Charlotte Swift. “The Prevalence and Correlates of Partner Violence Used and Experienced by Adults with Intellectual Disabilities: A Systematic Review and Call to Action.” *Trauma, Violence, & Abuse* 20, no. 5 (2019): 693-705.

<sup>4</sup> Fredinah Namatovu, Raman Preet, and Isabel Goicolea, “Gender-based violence among people with disabilities is a neglected public health topic,” *Global health action* 11, no. sup3 (2018).

<sup>5</sup> Rich, Karen. ““My Body Came between Us” Accounts of Partner-Abused Women with Physical Disabilities.” *Journal of Women and Social Work* 29, no. 4 (2014): 418-33.

<sup>6</sup> Douglas A Brownridge, “Partner violence against women with disabilities: Prevalence, risk, and explanations,” *Violence against women* 12, no. 9 (2006).

<sup>7</sup> ADD International. “Disability and Gender-Based Violence: Peer Research in Kibaha and Mkuranga, Tanzania.” ADD International. (2016).

<sup>8</sup> Astbury, Jill, and Fareen Walj. “Triple Jeopardy: Gender-Based Violence and Human Rights Violations Experienced by Women with Disabilities in Cambodia.” AusAid. (2013).

<sup>9</sup> Although grey literature is not validated by traditional academic peer-review processes, the joint discussion of grey and academic literature is justified by two reasons. First, the assessed grey literature was externally reviewed; second, both, academic and grey literature, was internally checked through incorporating robustness as inclusion criteria within the literature selection process by evaluating its methodological approach and the study’s scale.

## ***Definitions***

The multidisciplinary nature of the topic requires defining the terms GBV, disability and disability inclusion, as well as clarifying how GBV prevention, GBV response, and intersectionality are understood, as these concepts are widely applied in different disciplines. For the purpose of answering the research question, the premise that both gender and disability are social constructs, as defined in Table 1, will form a fundamental assumption for this research.

**Table 1: Definitions of Key Terms**

TERM	CITATION	DEFINITION
<b>Disability</b>	UNCRPD, 2006: 1	<i>The result “from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”</i>
<b>Disability Inclusion</b>	UN Secretary-General, 2019: 26	<i>The meaningful participation of persons with disabilities in all their diversity, the promotion of their rights, and the consideration of disability-related perspectives in compliance with the Convention on the Rights of Persons with Disabilities (CRPD).</i>
<b>GBV</b>	IASC, 2019: V	<i>“Gender-based violence” is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.** The term “GBV” is most commonly used to underscore how systemic inequality between males and females, which exists in every society in the world, acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.*** The term ‘gender-based violence’ also includes sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity.****</i>
<b>GBV Prevention</b>	UNHCR, 2003: 21-24	<i>GBV prevention is understood as practices that identify and address the root-causes and risk factors contributing to GBV.</i>
<b>GBV Response</b>	UNHCR, 2003: 21-24	<i>GBV response will be understood as practices that seek to understand and address the consequences and impacts of GBV.*****</i>
<b>Inter-sectionality</b>	Crenshaw, K, 1989: 152; García, J, 2019.	<i>In contrast to the “adoption of a single-issue framework for discrimination”*****, intersectionality “complicates traditional approaches toward the study of race, gender, class, and sexuality by treating these factors as interconnected variables that shape an individual’s overall life, experiences, rather than as isolated variables”. *****. Based on this understanding, this research widens the scope towards disability and focuses on the intersectionality of disability and gender, thereby “seek[ing] to explain how these different variables come together to shape experience, identity, and society.”*****</i>
<b>Project Management</b>	Project Management Institute, 2017: Section 1.2.2	<i>Project Management is the application of knowledge, skills, tools, and techniques to project activities to meet the project requirements [...] [and] enables organizations to execute projects effectively and efficiently.</i>
<b>Project Management Process Groups</b>	Project Management Institute, 2017: Section 1.2.4.5	<i>“A Project Management Process Group is a logical grouping of project management processes to achieve specific project objectives. [...] Project management processes are grouped into” Project Initiation, Project Planning, Project Execution, Project Monitoring and Controlling, and Project Closure.</i>
<b>*</b> <b>**</b> <b>***</b> <b>****</b> <b>*****</b>  <b>*****</b> <b>*****</b> <b>*****</b>		<i>This definition of disability was obtained from the UNCRPD, and incorporated into the research paper due to its broad utilization across academia and grey literature alike. Furthermore, highlights the social aspects of disabilities. LASC (Inter-agency Standing Committee), 2015a. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery: 5. Ibid. Ibid. It is important to note that while no universal definitions exist for GBV prevention or for GBV response, these definitions were based on the guidelines for GBV prevention and response developed by the UNHCR, providing what is generally understood by these concepts. Crenshaw, K, 1989: 152. García, J, 2019. Ibid.</i>

### **Literature Selection**

To identify the most relevant literature on the intersectionality of GBV and disability, the following multi-stage process was applied: First, identification of literature via the use of research engines as well as reference snowballing<sup>10</sup>; second, screening of the literature to exclude non-topic-specific literature<sup>11</sup>; third, application of a set of eligibility criteria to ensure the literature's relevance, validity and rigorousness.

Topic-specific literature was identified and accessed through the use of various search engines. To identify the most relevant and up to date literature a set of criteria encompassing keywords, quality, language and temporal filters was applied. The quality of the literature was assessed upon two main conditions: Robustness (rating according to methodology and scale) and relevance (focus on the intersection of GBV and disability)<sup>12</sup>. Owing to the global community's recognition of disability as highly important for sustainable development through integrating disability-related aims in the framework of the Sustainable Development Goals (SDG) in 2015<sup>13</sup>, the time frame was limited to the period between 2016 and 2020.

Following the selection process, the literature was categorized according to the type of literature (academic/grey), context (development/humanitarian), focus regarding GBV programming (prevention/response), and relevance to the subject of interest (intersectionality; causes and risk factors, interventions)<sup>14</sup>. Grey literature for GBV prevention was found to be overwhelmingly focused on the humanitarian context, whereas academic sources focused more on the development context. For GBV response, grey and academic literature alike were mostly directed towards the humanitarian space.

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<sup>10</sup> Snowballing is understood as back and forward reference searching based on the literature identified by the search engines. Within this process, the temporal criteria applied for the use of search engines will be abrogated.

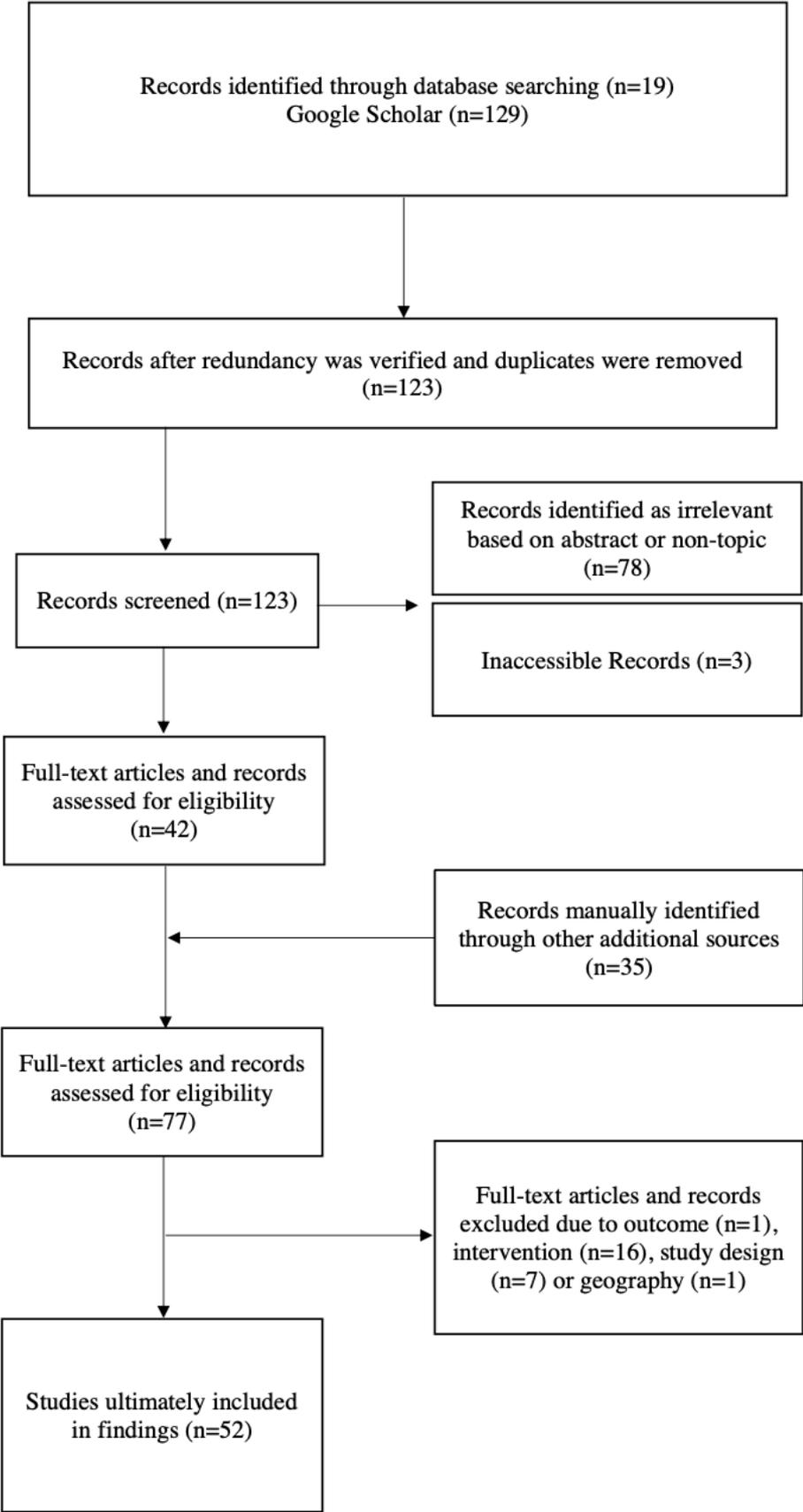
<sup>11</sup> As core criteria, the literature's focus on GBV prevention and response was utilized, cf. Table 2-3.

<sup>12</sup> A precise listing covering the process of literature selection, including the search engines, databases, and key words used, is available in Table 2-3. Although being aware of linguistic and regional biases, literature was only searched in English as, after an initial search, it seemed that most of the literature capturing the intersection of GBV prevention and disability in low-and middle-income countries was published in English.

<sup>13</sup> Contrary to the Millennium Development Goals, the SDGs mainstream disability and directly mention it in five SDGs, namely SDG 4, 8, 10, 11, and 17. It is therefore assumed that the disability-inclusive character of the SDG framework provides the origin for disability-inclusive GBV initiatives. (UNDESA, "Disability and Development")

<sup>14</sup> Cf. Table 2-3.

**Figure 1: Flow Diagram of the Literature Selection Process**



## **(How) Is the Intersectionality between WWD and GBV Recognised in Literature?**

For the purpose of answering the question, the subsequent section will explore the extent to which WWDs' vulnerability to GBV has received attention within academic and grey literature's discussions around GBV and/or disability and addresses the main drivers triggering and inertias hindering such recognition.

Overall, the following authors agreed that WWD experience higher degrees of vulnerability and violence.<sup>15 16 17 18 19 20 21 22 23 24 25</sup> According to the World Bank Group (2019) on a study conducted on GBV programming in Nigeria, WWD were found to be two times more likely to suffer from domestic violence, and three times more likely to suffer from sexual violence and abuse. Although the reviewed academic and grey literature acknowledge the high risk and vulnerability levels of WWD, these are still relatively underrepresented in GBV literature and programming.<sup>26</sup> The lack of in-depth knowledge about drivers and experiences around disability and GBV raises the question of reasons for the identified inaction regarding disability-inclusivity in research and GBV programming.

### ***Recognition of Drivers of WWD's Invisibility***

Evidence from the academic literature suggests that a lack of awareness on how prevailing social norms and cultural myths about disability lead to invisibility of WWD.<sup>27 28 29</sup> In some cultures, WWD are perceived as asexual and not capable of being mothers. Because of this perceived lack of sexuality, GBV service providers tend to neglect – unintentionally or

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<sup>15</sup>World Bank Group. Gender-Based Violence: An Analysis for Implications for the Nigeria for Women Project. World Bank Group (Washington, DC, United States: 2019).

<sup>16</sup> Hossain, Mazedra, A McAlpine, S Muthuri, Loraine Bacchus, S Muuo, A Kohli, C Egesa, G Franchi, and M MacRae. "Violence, Uncertainty, and Resilience among Refugee Women and Community Workers: An Evaluation of Gender-Based Violence Case Management Services in the Dadaab Refugee Camps." (2018).

<sup>17</sup>Frohman, Carolyn, and Karin Swift. "Using a Holistic Human Rights Framework to Advance the Rights of Women and Girls with Disability." (2016).

García, Justin D. "Intersectionality." In Salem Press Encyclopedia, Great Neck Publishing, 2019. <http://elib.tcd.ie/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ers&AN=108690556>.

<sup>18</sup> USAID et al., "Alight Botswana"

<sup>19</sup>Stern, Erin, and Katie Carlson. "Indashyikirwa Women's Safe Spaces: Informal Response for Survivors of Ipv within a Rwandan Prevention Programme." *Social Sciences* 8, no. 3 (2019): 76

<sup>20</sup> Alexandra Blackwell et al., "Women's status and qualitative perceptions of a cash assistance programme in Raqqa Governorate, Syria," *Gender & Development* 27, no. 2 (2019).

<sup>21</sup>Nader, Hala. "Violence against Refugee Women and Mitigation Programs: Highlighting the Perspectives of Syrian Refugees in Lebanon." Dalhousie University, 2018.

<sup>22</sup> Navarrete, José. "A Qualitative Research of Humanitarian Workers' Perceptions of Preventing Gender-Based Violence (Gbv) in the Cox's Bazar Refugee Camps, Bangladesh." *Campos en Ciencias Sociales* 7 (2019): 45-74.

<sup>23</sup>Matsi, Johannes T. "Vulnerabilities Contributing to Gender-Based Violence (Gbv) against Women with Disabilities in the Khomas Region, Windhoek, Namibia." University of Namibia, 2018.

<sup>24</sup>WRC. Disability Inclusion: Translating Policy into Practice in Humanitarian Action. Women's Refugee Commission; (New York, New York, United States: 2014).

<https://www.womensrefugeecommission.org/images/zdocs/Disability-Inclusion-Translating-Policy-into-Practice-in-Humanitarian-Action.pdf>.

<sup>25</sup> Ingrid Among, Gender and Social Inclusion Analysis: Uganda, USAID (Washington, DC, United States, 2017),

[https://www.usaid.gov/sites/default/files/documents/1860/Gender\\_Social\\_Inclusion\\_Final\\_Report\\_08.23.17.pdf](https://www.usaid.gov/sites/default/files/documents/1860/Gender_Social_Inclusion_Final_Report_08.23.17.pdf).

<sup>26</sup> Frohmader and Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"

<sup>27</sup>USAID, Botswana Council for the Disabled, Institute of Development Management, and Research Council. Alight Botswana: Inception Report. (2017).

<https://www.samrc.ac.za/sites/default/files/attachments/2018-11-09/ALIGHTInceptionReport.pdf>.

<sup>28</sup> Frohmader and Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"

<sup>29</sup>Matsi, "Vulnerabilities"

intentionally – The possibility of WWD as being survivors of GBV. Therefore, WWD are generally underrepresented in GBV programmes, particularly within the process of documentation and reporting.<sup>30</sup> Apart from social barriers, the literature points out that accessibility issues frequently lead to the exclusion of WWD from GBV programmes – especially GBV response programmes.<sup>31</sup>  
<sup>32</sup> <sup>33</sup> <sup>34</sup> <sup>35</sup> <sup>36</sup> <sup>37</sup> <sup>38</sup> <sup>39</sup> <sup>40</sup> Moreover, Ortoleva and Knight (“Who’s Missing”) highlight that the invisibility of WWD extends to broader international frameworks on women’s security, such as the *United Nations Security Council Resolution (UNSCR) 1325 and 2467*, which have limited mentions of WWD in policy documents, indicators and national action plans, despite the prevention of violence being one of the agenda’s key pillars<sup>41</sup>.

In addition, some reports document that disability continues to be understood through a charitable<sup>42</sup> or medical lens<sup>43</sup>, disregarding the skills of PWD and the principle of equality of all humans. As a result, programmes tend to refer PWD to health providers rather than targeting attitudinal change within society.<sup>44</sup> In this regard, the mapping of Safety Audit Tools in the humanitarian context reflected that disability-inclusivity was mainly addressed by reducing functional barriers.<sup>45</sup>

### **What are the Specific Causes and Risk Factors for GBV among WWD?**

This section seeks to identify the causes and risk factors for GBV among WWD by providing an overview of the identified literature’s discussion on how underlying cultural norms, misperceptions and societal attitudes have contributed to a higher degree of vulnerability for WWD to GBV; drivers for these norms and how they have produced unique forms of violence for women and girls with disabilities.

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<sup>30</sup> (*ibid.*)

<sup>31</sup> Blackwell et al., “Women’s status”

<sup>32</sup> Stern and Carlson, “Indashyikirwa Women’s Safe Spaces”

<sup>33</sup> Matsi, “Vulnerabilities”

<sup>34</sup> WRC, “Disability Inclusion”

<sup>35</sup> Van der Heijden, Ingrid, Jane Harries, and Naeemah Abrahams. “Barriers to Gender-Based Violence Services and Support for Women with Disabilities in Cape Town, South Africa.” *Disability & Society* (2019): 1-21.

<sup>36</sup> ELRHA, “Promising Practice Case Study 1: Guidance on Disability Inclusion for GBV Partners in Lebanon,” (2018), [https://www.elrha.org/wp-content/uploads/2019/06/Case-Study\\_WRC-UNICEF-Lebanon\\_FINAL.pdf](https://www.elrha.org/wp-content/uploads/2019/06/Case-Study_WRC-UNICEF-Lebanon_FINAL.pdf).

<sup>37</sup> World Bank Group, “Gender-Based Violence”

<sup>38</sup> Mazed Hossain et al., “Violence”

<sup>39</sup> E Cowan, CARE Rapid Gender Analysis: An Analysis of Gender Equality and Social Inclusion Among Flood-Affected Communities in Attapeu Province, Lao PDR, Australian Government Department of Foreign Affairs and Trade (2019).

<sup>40</sup> Pamela Lilleston et al., “Reaching Refugee Survivors of Gender-Based Violence: Evidence of a Mobile Approach to Service Delivery in Lebanon,” (2016).

<sup>41</sup> In Women, Peace and Security: Ireland’s Third National Action Plan, for example, WWD are only mentioned once (Government of Ireland, “Women, Peace and Security”)

<sup>42</sup> In contrast to the social model, “the charity model focuses on the individual and tends to view people with disabilities as victims, or objects of pity, their impairment being their main identifier. They are seen as recipients and beneficiaries of services. [...] It assumes that it is the community and society’s responsibility to arrange all services for these vulnerable people.” (Kathy Al Ju’beh, Disability Inclusive Development Toolkit, CBM International (Bensheim, Germany, 2017), <https://www.cbm.org/in-action/disability-inclusive-development-did/disability-inclusive-development-publications/>: 20).

<sup>43</sup> As the charity model, the medical model “focuses on the individual and sees disability as a health condition, an impairment located in the individual.” (*Ibid.*) Different from the charity model, “a person with disability is primarily defined as a patient, in terms of their diagnosis requiring medical intervention. Disability is seen as a disease or defect that is at odds with the norm and that needs to be fixed or cured.” (*ibid.*)

<sup>44</sup> (*ibid.*)

<sup>45</sup> Pillay, “Mapping of Safety”

Evidence from a series of small-scale qualitative studies in South Africa suggests that WWD face a higher risk to GBV due to discrimination based on both, their disability and gender.<sup>46</sup>  
<sup>47</sup> <sup>48</sup> According to the literature, the salience of double discrimination and stigma increases social isolation and limits the access to education, social protective networks, and information services on GBV, and thereby heightens the vulnerability of WWD.<sup>49</sup> <sup>50</sup> <sup>51</sup> <sup>52</sup> <sup>53</sup> <sup>54</sup> <sup>55</sup> <sup>56</sup> <sup>57</sup> <sup>58</sup> <sup>59</sup> <sup>60</sup> As Matsi ("Vulnerabilities," 22.) explains, "The intersection of gender, disability, dependency on carers leads to discrimination and confinement of women with disabilities in the private sphere and seriously impedes their active presence and participation in public life." Furthermore, Van der Heijden, Harries, and Abrahams ("Barriers") identify that access barriers are worsened by

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<sup>46</sup>Van der Heijden, Ingrid, Naeemah Abrahams, and Jane Harries. "Additional Layers of Violence: The Intersections of Gender and Disability in the Violence Experiences of Women with Physical Disabilities in South Africa." *Journal of interpersonal violence* 34, no. 4 (2019): 826-47.

<sup>47</sup>Van Der Heijden, Ingrid. "Women with Disabilities' Experiences of Gender-Based Violence in Cape Town, South Africa." Faculty of Health Sciences, 2019.

<sup>48</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>49</sup> WRC, "Disability Inclusion"

<sup>50</sup> WRC. Building Capacity for Disability Inclusion in Gender-Violence Programming in Humanitarian Settings: Summary Brief. (New York, New York, United States: 2015).

<https://www.womensrefugeecommission.org/resources/document/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview>.

<sup>51</sup> WRC. Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for Gbv Practitioners. WRC (New York, New York, United States: 2015). [https://www.womensrefugeecommission.org/?option=com\\_zdocs&view=document&id=1173](https://www.womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173).

<sup>52</sup> UNFPA. Young Persons with Disabilities: Global Study on Ending Gender-Based Violence and Realising Sexual and Reproductive Health and Rights. UNFPA (New York, New York, United States: 2018). [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA\\_Global\\_Study\\_on\\_Disability\\_-\\_Summary.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Global_Study_on_Disability_-_Summary.pdf).

<sup>53</sup> UNFPA. Women and Young Persons with Disabilities Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights. UNFPA (New York, New York, United States: 2018).

[https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI\\_Guidelines\\_Disability\\_GBV\\_SRHR\\_FINAL\\_19-11-18\\_0.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf).

<sup>54</sup>UK AID. "Disability Inclusion Helpdesk Report: Disability Inclusive Approaches to Humanitarian Programming: Summary of Available Evidence on Barriers and What Works." (2019).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/833579/query-9-evidence-humanitarian-response1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833579/query-9-evidence-humanitarian-response1.pdf).

<sup>55</sup>TAAP. Taap Scenario: Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings - a Supplemental Resource to the Taap Toolkit and Guide for Inclusive Development. (2015).

[http://www.taapinclusion.org/wp-content/uploads/scenarios/TAAP\\_Scenarios\\_-\\_WRC\\_-\\_EP\\_JCF\\_EP032718\\_MM1\\_03302018.pdf](http://www.taapinclusion.org/wp-content/uploads/scenarios/TAAP_Scenarios_-_WRC_-_EP_JCF_EP032718_MM1_03302018.pdf).

<sup>56</sup>Inter-Agency Standing Committee (IASC). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Actions: Reducing Risk, Promoting Resilience and Aiding Recovery. IASC (Geneva, Switzerland: 2015). [https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf).

<sup>57</sup> Hanass-Hancock, Jill, Melebogo Molefhe, Dorcas Taukobon, Nomfundo Mthethwa, Tshiamo Keakabetse, and Agisanyang Pitsane. "Alight Botswana: From Understanding the Context of Violence against Women and Girls with Disabilities to Actions - Preliminary Results. Main Study Report." (2018). <https://www.samrc.ac.za/sites/default/files/attachments/2018-11-09/ALIGHTMainStudyReport.pdf>.

<sup>58</sup> Hanass-Hancock, Jill, Melebogo Molefhe, Dorcas Taukobong, Nomfundo Mthethwa, Tshiamo Keakabetse, and Agisanyang Pitsane. Alight Botswana: Framework to Increase Participation of Women and Girls with Disabilities in Programmes Addressing Violence and Hiv in Botswana. (2018). <https://www.samrc.ac.za/sites/default/files/attachments/2019-10-04/ALIGHTBotswanaFramework.pdf>.

<sup>59</sup> Hanass-Hancock, Jill, Dorcas Taukobon, Tshiamo Keakabetse, and Nomfundo Mthethwa. Preventing Violence Against Women and Girls with Disabilities in Botswana: Situation Analysis. (2018). <https://www.samrc.ac.za/sites/default/files/attachments/2018-11-09/ALIGHTSituationAnalsys.pdf>.

<sup>60</sup> Dale Buscher, "Engaging organizations of persons with disabilities in humanitarian responses," *Societies* 8, no. 4 (2018).

conditions of poverty, isolation, lack of support and lack of specialized transport among women with disabilities, adding on to the group's vulnerability, as perpetrators can capitalize on under-reporting to avoid prosecution.<sup>61</sup>

### **What Drives Discrimination and Stigma?**

Findings on Intimate Partner Violence (IPV) by Stern *et al.* ("How People with Disabilities") suggest that discrimination on the basis of disability is largely rooted in stigma, while discrimination based on gender is a consequence of underlying gender inequalities. In accordance with these findings, all reviewed academic papers acknowledge the critical role of disability-related stigma and express the need to more critically investigate the relationship between stigma and different forms of disability.<sup>62</sup> Furthermore, Stern *et al.* ("How People with Disabilities") also found that stigma and discrimination not only depend on type, but also, the severity of the disability. However, a relative dearth of findings on the underlying causes of stigma and how stigma around disability intersect with GBV was highlighted by various authors.<sup>63 64 65 66 67 68 69 70 71</sup>

In relation to this intersection, some evidence indicates two core ways in which disability-stigma increases WWD's vulnerability to GBV. First, attitudinal factors within the community or society could lead to exclusion and isolation, resulting in a higher vulnerability.<sup>72 73 74 75 76 77 78 79</sup> Second, the internalisation of stigma at the individual level could lead to a higher acceptance of GBV according to Stern *et al.* ("How People with Disabilities"), Meer and Combrinck ("Invisible intersections"), and Van der Heijden, Harries, and Abrahams ("Barriers")<sup>80</sup>.

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<sup>61</sup> Matsi, "Vulnerabilities"

<sup>62</sup> Van Der Heijden, "Women with disabilities"

<sup>63</sup> Stern, Erin, Ingrid van der Heijden, and Kristin Dunkle. "How People with Disabilities Experience Programs to Prevent Intimate Partner Violence across Four Countries." *Evaluation and Program Planning* 79 (2020/04/01/ 2020): 101770.

<https://doi.org/https://doi.org/10.1016/j.evalprogplan.2019.101770>.

<http://www.sciencedirect.com/science/article/pii/S0149718919303155>.

<sup>64</sup> Erin Barger et al., "Sexual assault prevention for women with intellectual disabilities: a critical review of the evidence," *Intellectual and Developmental Disabilities* 47, no. 4 (2009).

<sup>65</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>66</sup> Van Der Heijden, "Women with disabilities"

<sup>67</sup> UK AID, "Disability Inclusion"

<sup>68</sup> ELRHA, "Promising Practice"

<sup>69</sup> TAAP, "TAAP Scenario"

<sup>70</sup> Buscher, "Engaging organizations"

<sup>71</sup> WRC, "Disability Inclusion"

<sup>72</sup> Meer and Combrinck, "Invisible intersections"

<sup>73</sup> Van der Heijden, Abrahams, and Harries, "Additional layers"

<sup>74</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>75</sup> Van Der Heijden, "Women with disabilities"

<sup>76</sup> Stern, van der Heijden, and Dunkle, "How people with disabilities"

<sup>77</sup> Renzetti, Claire, and Diane Follingstad. *Preventing Intimate Partner Violence: Interdisciplinary Perspectives*. Policy Press, 2017.

[https://books.google.ie/books?hl=en&lr=lang\\_en&id=zwZpDwAAQBAJ&oi=fnd&pg=PR1&dq=%22disability%22+AND+%22programming%22+AND+\(%22development%22+OR+%22humanitarian%22\)+AND+%22GBV+prevention%22&ots=KRoxD5M39y&sig=Ka06t4y1TCyG5v-B1U7ZXD7H1EE&redir\\_esc=y#v=onepage&q&f=false](https://books.google.ie/books?hl=en&lr=lang_en&id=zwZpDwAAQBAJ&oi=fnd&pg=PR1&dq=%22disability%22+AND+%22programming%22+AND+(%22development%22+OR+%22humanitarian%22)+AND+%22GBV+prevention%22&ots=KRoxD5M39y&sig=Ka06t4y1TCyG5v-B1U7ZXD7H1EE&redir_esc=y#v=onepage&q&f=false).

<sup>78</sup> Molin, Jenny. "Preventing Gender-Based Violence Post Disasters: Building the Capacity of Humanitarian Actors in the Philippines to Engage with Men and Boys to Reduce the Risks of Perpetration of Violence." DiVa Consortium, 2018.

<sup>79</sup> Barger et al., "Sexual assault prevention"

<sup>80</sup> The findings from Stern and Carlson ("Indashyikirwa Women's Safe Spaces") indicate that internalized stigma is associated with a higher tolerance of Rwandan Women with disabilities to IPV. Meanwhile, Van der Heijden (2019) accentuates a link between disability-stigma and lower women's self-esteem of women with disabilities in South Africa.

## **How do WWD Experience GBV Differently?**

In the academic literature, Matsi (“Vulnerabilities”) highlights social norms and stigma as determinants to the prevalence of psychological and sexual abuse among WWD, because of WWD’s status as PWD. Lack of agency and deprivation of liberty regarding sexual and reproductive health were identified in grey literature texts as specific types of violence these women experience, wherein non-consensual interventions, such as forced sterilizations, forced abortions and contraception, as well as inaccessibility to sexual health education were documented.<sup>81 82</sup> The prevalence of psychological and economic violence from care-takers and family members towards WWD through wilful neglect, withholding of medication, isolation, and refusal to provide assistance – whether for mobility purposes or otherwise – due to women and girls with disabilities’ perceived inability to completely fulfil femininity and gender roles, were other frequently mentioned forms of violence against WWD.<sup>83 84 85</sup> Findings from the WRC further indicated that attitudes of GBV service providers, family, and community are the greatest barrier and facilitator to inclusion.<sup>86 87</sup>

## **Main Gaps within Disability-Inclusive GBV Programming**

Having provided an overview of the contributing risk factors of GBV for women and girls with disabilities and how these contribute to and legitimize the violence perpetrated against WWD, the following sections will discuss how this group continues to be underrepresented in GBV programming literature. The Five Process Groups of Project Management – Initiation, Planning, Execution, Monitoring and Controlling, and Closure – will be used to provide a clear analytical framework into the extent to which disability-inclusivity is/can be recognized within the different Process Groups of Project Management.<sup>88</sup>

### **Project Initiation**

The intersectionality between GBV and disability is generally disregarded in the initiation phase by GBV programmes.<sup>89 90</sup> The TAAP Scenario (“TAAP Scenario”: 5)<sup>91</sup> associates this gap with the lower visibility of PWD in society. Apart from the lack of disability-inclusive GBV programmes, evidence indicates that existing disability-inclusive GBV programmes are limited in their effectiveness and validation.<sup>92 93</sup> This finding was particularly reported from programmes aimed at reducing violence against women with intellectual disabilities.<sup>94 95 96 97</sup> According to the WRC (“Disability Inclusion”; “Full Report”) programmes are not effectively addressing prevention and response of violence against women with intellectual disabilities as existing programmes

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<sup>81</sup> Frohmader and Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"

<sup>82</sup> Among, "Gender and Social Inclusion"

<sup>83</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>84</sup> UNFPA, "WOMEN AND YOUNG PERSONS"

<sup>85</sup> Matsi, "Vulnerabilities"

<sup>86</sup> WRC, "Summary Brief"

<sup>87</sup> WRC, "Toolkit for GBV practitioners"

<sup>88</sup> Project Management Institute. A Guide to the Project Management Body of Knowledge (Pmbok® Guide)–Sixth Edition. Project Management Institute, 2017.

<https://books.google.de/books?id=Rzc2DwAAQBAJ>.

<sup>89</sup> TAAP, "TAAP Scenario," 5.

<sup>90</sup> Van Der Heijden, "Women with disabilities," 68.

<sup>91</sup> "TAAP Scenarios are a set of project planning guides, based on real projects, that show what TAAP looks like in different contexts." (TAAP, "TAAP Scenario," 1).

<sup>92</sup> Van Der Heijden, "Women with disabilities"

<sup>93</sup> Barger et al., "Sexual assault prevention"

<sup>94</sup> Van der Heijden, "Women with disabilities"

<sup>95</sup> Barger et al., "Sexual assault prevention"

<sup>96</sup> WRC, "Disability Inclusion"

<sup>97</sup> WRC. "Full Report"

often disregard their high vulnerability to GBV, undermine need-specific interventions or exclude women with intellectual disabilities from GBV prevention activities on sexual and reproductive health due to their perceived lack of sexuality.

### **Project Planning**

The reviewed literature points to the low visibility and inclusion of PWD in the second Process Group of Project Management. The separation of GBV-specific issues and disability-specific issues was observed throughout academic and grey literature sources in development and humanitarian settings, wherein disability and GBV were treated as separate social issues.<sup>98</sup><sup>99</sup><sup>100</sup><sup>101</sup> Moreover, the ways in which disability was incorporated into GBV programming literature, presented gaps in how disability was understood in the GBV programming space. In some instances, disability was only mentioned with regards to GBV as an indirect consequence of psychological and physical violence.<sup>102</sup><sup>103</sup><sup>104</sup><sup>105</sup>

The academic study by Navarrete (“A Qualitative Research”) identified psychological stress and physical disabilities as potential indirect consequences of GBV, with little mention of ways in which the two issues could intersect apart from causality (i.e. that GBV causes disability).<sup>106</sup> In Blackwell *et al.* (“Women’s Status”) disability was only mentioned when referring to the prescribed care-taking responsibilities of women, where mentions of husbands’ disability status due to injury or conflict were seen as contributors to household tensions and the restrictions on women’s mobility. Moreover, the study by Stern and Carlson (“Indashyikirwa Women’s Safe Spaces”) points out that when women with disabilities prior to experiencing GBV were incorporated into programme planning or execution, these integrations were unintentional or had occurred by chance.

### **Project Execution**

#### *GBV Prevention: Social Barriers and Lack of Capacity*

Despite the varying geographical contexts of the reviewed academic papers, there is general consensus around the gap and misconception of disability-inclusive GBV prevention programmes.<sup>107</sup><sup>108</sup><sup>109</sup><sup>110</sup><sup>111</sup><sup>112</sup><sup>113</sup> The identified deficiencies are partly attributed to the invisibility of WWD within both society and the GBV programming space, particularly due to existing programmes’ focus on functional barriers rather than social barriers.<sup>114</sup><sup>115</sup> Drawing on all reviewed academic papers, disregard for social norms is suggested to reduce the effectiveness of GBV prevention programmes, since disability stigma and gender inequalities increase WWD’s risk to GBV and limit their capabilities to build social networks. This finding aligns with the narrative from

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<sup>98</sup> Cowan, “CARE Rapid Gender Analysis”

<sup>99</sup> CHAMBERS, V. 2016. Enhancing women’s influence in local governance with community scorecards: CARE Rwanda’s Experience. Overseas Development Institute.

<sup>100</sup> USAID *et al.*, “Botswana Council”

<sup>101</sup> Navarrete, “A Qualitative Research”

<sup>102</sup> Ibid.

<sup>103</sup> Hossain *et al.*, “Violence”

<sup>104</sup> Blackwell *et al.*, “Women’s Status”

<sup>105</sup> Stern and Carlson, “Indashyikirwa Women’s Safe Spaces”

<sup>106</sup> Ibid.

<sup>107</sup> Stern, van der Heijden, and Dunkle, “How people with disabilities”

<sup>108</sup> Meer and Combrink, “Invisible intersections”

<sup>109</sup> Van der Heijden, Abrahams, and Harries, “Additional layers”

<sup>110</sup> Renzetti and Follingstad, “Preventing intimate partner violence”

<sup>111</sup> Stern and Carlson, “Indashyikirwa Women’s Safe Spaces”

<sup>112</sup> Molin, “Preventing Gender-Based Violence”

<sup>113</sup> Barger *et al.*, “Sexual assault prevention”

<sup>114</sup> Stern, van der Heijden, and Dunkle, “How people with disabilities”

<sup>115</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

UNFPA (“Women”), ELRHA (“Promising Practice”), WRC (“Full Report”), WRC (“Toolkit for GBV Practitioners”), WRC (“Summary Brief”), and IASC (“Guidelines”), wherein there is a tendency to exclude WWD from education and awareness-raising interventions to tackle social barriers. The UNFPA (“Women”) states that awareness-raising campaigns in existing GBV prevention programmes generally disregard violence against WWD, presumably due to a lack of knowledge about the intersectionality between GBV and disability. A lack of capacity among GBV staff regarding their awareness of disability and ability to deal with WWD was also highlighted by the literature.<sup>116 117 118 119 120 121 122 123 124 125 126 127</sup> Subsequently, WWD are excluded from GBV prevention programmes, as they are not recognized as a high-risk group, due to underlying stigma or the inability to access or communicate with the respective service providers.

### *GBV Response: Barriers to Accessibility and Reporting*

Overall, a general lack of disability-sensitive and accessible services, as well as a lack of disability-inclusive GBV services, such as counselling, reporting and referral services, were specifically identified.<sup>128 129 130 131 132 133 134 135</sup> Despite acknowledgement of these issues, papers such as Hossain *et al.* (“Violence”), World Bank Group (“Gender-Based Violence”), Lillielston *et al.* (“Reaching Refugee Survivors”), Blackwell *et al.* (“Women’s Status”), Nader (“Violence against Refugee”) and Navarrete (A Qualitative Research”) provided little information as to why there was an absence of disability-sensitive GBV response services or how these could be addressed, thus resulting in a literature gap in GBV response programming. However, a variety of structural barriers for WWD were acknowledged, such as physical and economic dependence on perpetrators, lack of credibility when reporting and dismissive attitudes from service providers, that made accessing general GBV services more difficult.<sup>136 137 138 139</sup>

Inaccessibility to services was a key issue identified by the literature in both development and humanitarian contexts, wherein people with disabilities often encounter physical, environmental or communicational difficulties when accessing response services and programmes.<sup>140 141 142 143 144</sup>

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<sup>116</sup> Meer and Combrink, “Invisible intersections”

<sup>117</sup> Molin, “Preventing Gender-Based Violence”

<sup>118</sup> Stern and Carlson, “Indashyikirwa Women’s Safe Spaces”

<sup>119</sup> Stern, van der Heijden, and Dunkle, “How people with disabilities”

<sup>120</sup> Van der Heijden, “Women with disabilities”

<sup>121</sup> Van der Heijden, Abrahams, and Harries, “Additional layers”

<sup>122</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>123</sup> TAAP, “TAAP Scenario”

<sup>124</sup> Hanass-Hancock *et al.*, “Preventing Violence”

<sup>125</sup> WRC, “Full Report”

<sup>126</sup> WRC, “Toolkit for GBV Practitioners”

<sup>127</sup> WRC, “Summary Brief”

<sup>128</sup> World Bank Group, “Gender-Based Violence”

<sup>129</sup> Chambers, “Enhancing women’s influence”

<sup>130</sup> Cowan, “CARE Rapid Gender Analysis”

<sup>131</sup> Stern and Carlson, “Indashyikirwa Women’s Safe Spaces”

<sup>132</sup> Frohmader and Swift, “USING A HOLISTIC HUMAN RIGHTS FRAMEWORK”

<sup>133</sup> Matsi, “Vulnerabilities”

<sup>134</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>135</sup> ELRHA, “Promising Practice”

<sup>136</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>137</sup> Matsi, “Vulnerabilities”

<sup>138</sup> Among, “Gender and Social Inclusion”

<sup>139</sup> Frohmader and Swift, “USING A HOLISTIC HUMAN RIGHTS FRAMEWORK”

<sup>140</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>141</sup> Cowan, “CARE Rapid Gender Analysis,”

<sup>142</sup> Matsi, “Vulnerabilities”

<sup>143</sup> World Bank Group, “Gender-Based Violence”

<sup>144</sup> Blackwell *et al.*, “Women’s Status”

A lack of resources for communication alternatives and staff-capacity was highlighted in the development sector, wherein the lack of braille-translated documents or sign-language interpreters was identified by Matsi ("Vulnerabilities") as a major obstacle in the successful utilization of reporting and support services for women with disabilities. Additionally, negative attitudes and exclusionary responses among support service-providers were also identified as hindering trust and reporting among women with disabilities.<sup>145 146 147</sup> More precisely, exclusionary or dismissive attitudes in decision-making and programming processes arose from societal and cultural myths regarding the perceived lack of sexuality of WWD.<sup>148 149 150</sup> Through the use of interview data, Van der Heijden ("Women with disabilities") recounts that women with disabilities viewed service-providers as being unable to understand their specific forms of abuse, and that these would not take psychological and financial abuse as seriously as other types of violence.

Likewise, another study on the humanitarian contexts, focused more on infrastructural factors, like the lack of ramps to access services or inadequate bathrooms, as discouraging women from engaging with programmes, since their need of assistance could further heighten their vulnerability.<sup>151</sup> Infrastructural constraints can thus result in the under-documented perpetration of violence against women and girls (VAWG) with disabilities for extended periods of time.<sup>152 153 154</sup> These types of limitations prevent women and girls from fully participating in public life and increase social isolation and segregation.<sup>155</sup>

### **Project Monitoring and Controlling**

Many reports, underline that quantitative and qualitative data collection with regards to GBV disregards WWD.<sup>156 157 158 159</sup> Under-reporting was highlighted by Frohmader and Swift ("USING A HOLISTIC HUMAN RIGHTS FRAMEWORK" ) as a factor contributing to the lack of awareness regarding incidences of violence against women and girls in general, but more so for women and girls with disabilities. The literature attributed this phenomenon to a variety of factors specific to WWD, including dependence on care-givers to access police stations, disability stigmatisation and internalized stigmas, reluctance to report abusers<sup>160</sup>, lack of rights awareness and support systems, and mistrust of service-providers.<sup>161 162 163 164</sup> Furthermore, Matsi ("Vulnerabilities") suggests that lack of data disaggregation by disability in incidence reports for GBV could account for why many incidences concerning WWD go under-reported.

If data collection regards disability, it is generally not disability-specific, but only broadly discusses the vulnerabilities of WWD.<sup>165</sup> As a consequence, non-disability specific data collection results in generalized disability-inclusive GBV programming which is inappropriate to target the

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<sup>145</sup> Matsi, "Vulnerabilities"

<sup>146</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>147</sup> WRC, "Disability Inclusion"

<sup>148</sup> USAID et al., "Alight Botswana"

<sup>149</sup> Carolyn Frohmader and Karin Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"

<sup>150</sup> Matsi, "Vulnerabilities"

<sup>151</sup> Cowan, "CARE Rapid Gender Analysis"

<sup>152</sup> USAID et al., "Alight Botswana"

<sup>153</sup> Frohmader and Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"

<sup>154</sup> Matsi, "Vulnerabilities"

<sup>155</sup> Frohmader and Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"

<sup>156</sup> UNFPA, "Women"

<sup>157</sup> Hanass-Hancock *et al.*, "Preventing Violence"

<sup>158</sup> USAID *et al.*, "Botswana Council"

<sup>159</sup> IASC, "Guidelines"

<sup>160</sup> Particularly if these are family-members or caretakers (Matsi, "Vulnerabilities").

<sup>161</sup> The challenge of adequate data collection indicates that the precision of data collection is not only formally determined, but also raises the questions whether organisations and/or researchers are being inclusive in their data collection methods and asking the right questions.

<sup>162</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>163</sup> Matsi, "Vulnerabilities"

<sup>164</sup> Frohmader and Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"

<sup>165</sup> Hanass-Hancock *et al.*, "Preventing Violence"

specific needs of WWD.<sup>166 167 168</sup> To this point, the absence of data desegregation also makes it difficult to acquire baseline data for projects on WWD, which in turn makes measuring and monitoring progress difficult.<sup>169</sup>

The UNFPA (“Women”) points out that this invisibility of WWD in data collection and reporting hinders states in fulfilling their obligations as stated in the *Convention of the Rights of Persons with Disabilities (CRPD)*, the *Convention on the Elimination of Discrimination Against Women (CEDAW)*, and the *UNSCR 1325*<sup>170</sup>. Additionally, it neglects the opportunity for Disabled Persons Organisations (DPOs) to demand accountability of their respective governments for complying with their obligations.

### **Project Closure**

According to Hanass-Hancock *et al.* (“Preventing Violence,” 24-40.), many DPOs and Non-Governmental Organisations (NGO) lack knowledge about the drivers of change for disability-inclusive GBV programming which can be associated with the limited use of evaluation and reflective tools. The academic studies by Barger *et al.* (“Sexual assault prevention”) and Van der Heijden (“Women with disabilities”) underline that the absence of appropriate evaluation and reflection methods leads to erroneous validation and the maintenance of ineffective programmes. Moreover, they stress upon the need to align practice and research to comply with the no-harm principle and develop effective and efficient disability-inclusive GBV programmes.<sup>171</sup>

### **Recommendations for Disability-Inclusive GBV Programming**

The following section will highlight the synthesis on identified recommendations in the literature for disability-inclusive programming, following the Five Process Groups of Project Management approach.

### **Project Initiation**

Drawing on the recognition of disability-stigma and gender inequalities, the literature underlines the need of adapting existing GBV programmes to actively recognize the intersectionality between gender and disability through becoming more comprehensive and disability-inclusive.<sup>172 173 174 175 176 177 178 179 180 181</sup> Particularly, GBV programmers should aim to adapt current response models and services in ways that engage and recognize the specific needs of people with disabilities, rather than designing disability-specific programmes which can

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<sup>166</sup>USAID *et al.*, “Alight Botswana”

<sup>167</sup> IASC, “Guidelines”

<sup>168</sup> Hanass-Hancock *et al.*, “Preventing Violence”

<sup>169</sup>Ortoleva, Stephanie, and Alec Knight. “Who's Missing-Women with Disabilities in UN Security Council Resolution 1325 National Action Plans.” *ILSA J. Int'l & Comp. L.* 18 (2011): 395.

Pillay, Anu. Mapping of Safety Audit Tools and Reports. GBV AoR HELPDESK (2019).

<https://gbvguidelines.org/wp/wp-content/uploads/2019/12/Safety-Audit-Report-GBV-AOR-Helpdesk-FINAL-20092019.pdf>.

<sup>170</sup> And called upon in the follow-up resolutions: 1820, 1888, 1889, 1960, 2106, 2122, 2242, 2467.

<sup>171</sup> (*ibid.*)

<sup>172</sup> Meer and Combrink, “Invisible intersections”

<sup>173</sup> Van der Heijden, Abrahams, and Harries, “Additional layers”

<sup>174</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>175</sup> Van der Heijden, “Women with disabilities”

<sup>176</sup> Renzetti and Follingstad, “Preventing intimate partner violence”

<sup>177</sup> Barger *et al.*, “Sexual assault prevention”

<sup>178</sup> Matsi, “Vulnerabilities”

<sup>179</sup> Molin, “Preventing Gender-Based Violence”

<sup>180</sup> Stern and Carlson, “Indashyikirwa Women’s Safe Spaces”

<sup>181</sup> Stern, van der Heijden, and Dunkle, “How people with disabilities”

defeat inclusion efforts.<sup>182</sup> Additionally, the TAAP Scenario describes that promoting disability-inclusivity of GBV programmes as a means to strengthening community was most convincing in order to motivate community leaders and caregivers for becoming involved.<sup>183 184</sup>

### **Project Planning**

For planning disability-inclusive GBV programmes, engagement with local women's rights organisations and networks through collaborative workshops was highlighted by the International Rescue Committee (IRC) ("Safety First") as a tool to reach, include, and understand the specific needs, barriers and risks for marginalised groups. Furthermore, UK AID ("Disability Inclusion") highlights the need for the inclusion of disability expertise among humanitarian actors.

With regards to interventions at the institutional level, the United Nations Special Rapporteur on Violence against Women (SRAW), *Its Causes and Consequences* (2009) encourages closer collaboration between the SRAW, the CEDAW and disability-specific treaty bodies, such as the CRPD. In addition to strengthening collaborations on the organizational level, the literature emphasizes the need for enhanced participation of WWD in the planning stage.<sup>185</sup>  
<sup>186 187 188 189 190 191 192 193</sup> An example for accentuating voice to WWD for more need-specific planning of disability-inclusive GBV programmes is the toolkit *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners* by the WRC ("Toolkit for GBV Practitioners") which was created with input from WWD.<sup>194</sup>

### **Project Execution**

#### *GBV Prevention: Attitudinal change through multi-level and comprehensive programming*

Based on the identified gaps for GBV prevention programming, initiating attitudinal change through comprehensive and multi-level interventions was the main recommendation to adapt GBV prevention programmes for becoming more disability-inclusive.

Stern, van der Heijden, and Dunkle ("How people with disabilities"), and Van der Heijden, Abrahams, and Harries ("Additional layers") strongly emphasize that existing programmes should focus on social rather than functional barriers which is in alignment with all of the reviewed academic papers. To challenge systematic and structural causes of GBV, studies stress upon the

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<sup>182</sup> Matsi, "Vulnerabilities"

<sup>183</sup> TAAP, "TAAP Scenario," 6

<sup>184</sup> This raises the question of whether disability-inclusivity is promoted for the purpose of reducing GBV or motivated by a human rights perspective.

<sup>185</sup> WRC, "Full Report"

<sup>186</sup> WRC, "Toolkit for GBV Practitioners"

<sup>187</sup> WRC, "Summary Brief"

<sup>188</sup> TAAP, "TAAP Scenario"

<sup>189</sup> USAID *et al.*, "Botswana Council"

<sup>190</sup> Van der Heijden, "Women with disabilities"

<sup>191</sup> Stern and Carlson, "Indashyikirwa Women's Safe Spaces"

<sup>192</sup> Stern, van der Heijden, and Dunkle, "How people with disabilities"

<sup>193</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>194</sup> The toolkit stresses upon three areas: First, the integration of WWD in the planning process through close consultancy; second, enhanced implementation through training staff; third, well-documented M&E through reflection tools and strong documentation (WRC, "Toolkit for GBV Practitioners") [https://www.womensrefugeecommission.org/?option=com\\_zdocs&view=document&id=1173](https://www.womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173).; WRC, *Building capacity for disability inclusion in GBV programming in humanitarian settings: A Toolkit for GBV practitioners - Toolkit Overview*, WRC (New York, New York, United States, 2015), [https://www.womensrefugeecommission.org/?option=com\\_zdocs&view=document&id=1173](https://www.womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173)).

role that multi-level interventions play in awareness-raising regarding disability-stigma and underlying gender norms.<sup>195 196 197 198 199</sup>

To address this task, Van der Heijden, Harries, and Abrahams ("Barriers"), Van der Heijden ("Women with disabilities"), Meer and Combrinck ("Invisible intersections"), and Molin ("Preventing Gender-Based Violence") differentiate between interventions that focus on the individual, the community, and the staff of GBV (prevention) programmes. With regard to interventions specific to the individual, they highlight the role of education, particularly sex education, and economic empowerment<sup>200</sup>. Further, the papers highlight the need to engage with the wider community for overcoming disability stigma and gender inequalities. While Van der Heijden ("Women with disabilities") focuses on family- and parent-based strategies, Renzetti and Follingstad, ("Preventing intimate partner violence") analyse strategies to incentivise bystanders to act and help victims, although not in a disability-specific context, but related to groups perceived as marginalised. Their review indicates that increasing victim empathy through raising awareness may lead to enhanced action of bystanders.<sup>201</sup>

Lastly, all of the reviewed grey literature highlights the importance of enhancing the capacity of staff in GBV prevention, as it can significantly contribute to identifying WWD as a high-risk group within a community and to introduce preventive mechanisms. To raise awareness among and train GBV staff, reflective and experimental activities were evaluated as especially beneficial.<sup>202 203 204 205 206 207</sup> In addition, recruitment of WWD is acknowledged as a means of empowerment, advocacy and to counteract social stigma by various authors.<sup>208 209 210 211 212 213</sup><sup>214</sup> The claim for a multi-level and comprehensive approach is reasoned by the no-harm principle as well as the aspire to achieve change. Based on their critical examination of existing GBV prevention programmes, Barger et al. ("Sexual assault prevention") argue that individual interventions should be complemented by other interventions aimed at structural and attitudinal change to avoid harm, e.g. self-defence teaching may decrease the risk to GBV for a course-participant, but direct the perpetrator to a more vulnerable victim (CBM International *et al.*, "Humanitarian inclusion"). The idea for a comprehensive approach to trigger change is also supported by many reports, which build interventions around four key areas: education and

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<sup>195</sup> Van der Heijden, Abrahams, and Harries, "Additional layers"

<sup>196</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

<sup>197</sup> Stern, van der Heijden, and Dunkle, "How people with disabilities"

<sup>198</sup> Stern and Carlson, "Indashyikirwa Women's Safe Spaces"

<sup>199</sup> Meer and Combrink, "Invisible intersections"

<sup>200</sup> Meer and Combrinck ("Invisible intersections") identify age-appropriate sex education as specifically relevant to women and children with intellectual or cognitive disabilities, while Molin ("Preventing Gender Based Violence") underlines the importance of women's empowerment in humanitarian settings.

<sup>201</sup> Meer and Combrinck, "Invisible intersections"

<sup>202</sup> TAAP, "TAAP Scenario"

<sup>203</sup> Hanass-Hancock *et al.*, "Alight Botswana"

<sup>204</sup> Hanass-Hancock *et al.*, "Preventing Violence"

<sup>205</sup> WRC, "Full Report"

<sup>206</sup> WRC, "Toolkit for GBV Practitioners"

<sup>207</sup> WRC, "Summary Brief"

<sup>208</sup> Meer and Combrink, "Invisible intersections"

<sup>209</sup> Molin, "Preventing Gender-Based Violence"

<sup>210</sup> Stern and Carlson, "Indashyikirwa Women's Safe Spaces"

<sup>211</sup> Stern, van der Heijden, and Dunkle "How people with disabilities"

<sup>212</sup> Van der Heijden, "Women with disabilities"

<sup>213</sup> Van der Heijden, Abrahams, and Harries, "Additional layers"

<sup>214</sup> Van der Heijden, Harries, and Abrahams, "Barriers"

awareness, participation and advocacy, empowerment and independence, accessibility .<sup>215 216 217</sup>  
218 219 220 221 222 223 224 225 226 227 228 229 230

### *GBV Response: Addressing Functional and Structural Barriers, and Increasing Capacity-Building*

From the gaps identified, among the main findings for ways to improve disability-inclusion in GBV response programme implementation, was the importance of stakeholder engagement, as well as better personnel training and awareness, which were identified to remedy the disconnect between WWD and provider-services.<sup>231 232 233</sup> As mentioned above, the need for better staff capacity-building and sufficient training was not only relevant in prevention programming, but response as well by Among (“Gender and Social Inclusion”), Van der Heijden, Harries, and Abrahams (“Barriers”), Matsi (“Vulnerabilities”), and WRC (“Disability Inclusion”). Inclusion-mainstreaming<sup>234</sup>, for example, was presented as a way to promote the involvement of vulnerable groups in capacity-building and programming, with a focus on challenging disability-related stigmas, as well as decreasing dependency and increasing social inclusion.<sup>235 236</sup> Furthermore, Stern and Carlson (“Indashyikirwa Women’s Safe Spaces”) identified the use of inclusive safe-spaces for women and girls, as a potential model to target GBV response, as well as prevention among women with disabilities. In this model, the authors highlighted the importance of community engagement and collaboration across agency programmers to increase inclusivity and facilitate discussions, targeting women with disabilities.<sup>237</sup>

Additionally, as accessibility barriers were often highlighted as one of the causes for low engagement with GBV response services by WWD, the provision of resources for reporting and support centres through partnerships with other local associations – for example, collaborations with a national deaf association to provide sign-language training or to increase the availability of interpreters – was also stressed.<sup>238 239</sup> However, CBM International *et al.* (“Humanitarian

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<sup>215</sup> CBM International *et al.*, “Humanitarian Inclusion”

<sup>216</sup> IASC, “Guidelines”

<sup>217</sup> UNFPA, “Women”

<sup>218</sup> UNFPA, “Young Persons”

<sup>219</sup> WRC & CHILDFUND INTERNATIONAL 2016. Gender-based Violence Against Children and Youth with Disabilities Toolkit: A Toolkit for Child Protection Actors. Richmond, Virginia, United States; New York, New York, United States: WRC.

<sup>220</sup> WRC, “Disability Inclusion”

<sup>221</sup> WRC, “Full Report”

<sup>222</sup> WRC, “Toolkit for GBV Practitioners”

<sup>223</sup> WRC, “Summary Brief”

<sup>224</sup> WRC, “Piloting the IASC Guidelines”

<sup>225</sup> TAAP, “TAAP Scenario”

<sup>226</sup> Buscher, “Engaging organizations”

<sup>227</sup> USAID *et al.*, “Botswana Council”

<sup>228</sup> Hanass-Hancock *et al.*, “Alight Botswana”

<sup>229</sup> Hanass-Hancock *et al.*, “Alight Botswana: Framework”

<sup>230</sup> Hanass-Hancock *et al.*, “Preventing Violence”

<sup>231</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>232</sup> ELRHA, “Promising Practice”

<sup>233</sup> WRC, “Disability Inclusion”

<sup>234</sup> Inclusion-mainstreaming was identified by Among (“Gender and Social Inclusion”) as a way to integrate disadvantaged groups, like PWD, to participate with mainstream groups, allowing for programmers to gain experience in disability-inclusion and interact with PWD.

<sup>235</sup> Among, “Gender and Social Inclusion”

<sup>236</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>237</sup> (*Ibid.*)

<sup>238</sup> WRC, “Disability Inclusion”

<sup>239</sup> CBM International *et al.*, Humanitarian inclusion standards for older people and people with disabilities (London, UK)

inclusion”) also stress the importance of allowing PWD decide who may assist them to overcome communication barriers – whether this be the care-takers or someone else – or individual engagement with people who may not be able to access community settings, or would otherwise want to maintain their privacy.

### **Project Monitoring and Controlling**

According to CBM International *et al.* (“Humanitarian Inclusion”) guidelines, data disaggregation by sex, age and disability is key to conducting protection assessments and monitoring risks. Data disaggregation was identified as an essential complement for mainstreaming by disability- or need-specific programmes.<sup>240 241</sup>

The literature highlights the need for adapted reporting systems, such as the Gender-Based Violence Information Management System (GBVIMS), to include PWD by facilitating reporting mechanisms for this group through a broader focus on psychological and economic violence.<sup>242</sup> Similarly, there is also a call for enhanced monitoring and evaluation of existing programmes to devise more effective and need-specific interventions by Barger *et al.* (“Sexual assault prevention”), Meer and Combrink (“Invisible intersections”), Stern, van der Heijden, and Dunkle, (“How people with disabilities”), and Van der Heijden (“Women with disabilities”). Rigorous monitoring and evaluation were emphasized for both prevention – through its requirement for the identification of GBV causes and persons at risk – and response – through its utilisation for effective referral mechanisms and disability-sensitive case management systems.<sup>243 244 245 246 247 248 249 250 251 252 253 254 255</sup> Finally, there is a need to foster further research on the intersection of women with disabilities.<sup>256 257 258</sup>

### **Project Closure**

It is widely agreed within the grey literature that there is a need to critically reflect on whether or why not, how and to what extent, change was achieved through the project

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Lyon, France: Age and Disability Consortium, 2018),  
[https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian\\_inclusion\\_standards\\_for\\_older\\_people\\_and\\_people\\_with\\_disabi....pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_inclusion_standards_for_older_people_and_people_with_disabi....pdf).

<sup>240</sup> USAID *et al.*, “Alight Botswana”

<sup>241</sup> IASC, “Guidelines”

<sup>242</sup> CBM International *et al.*, “Humanitarian inclusion”

<sup>243</sup> (*Ibid.*)

<sup>244</sup> IASC, “Guidelines”

<sup>245</sup> WRC, “Disability Inclusion”

<sup>246</sup> WRC, “Summary Brief”

<sup>247</sup> WRC, “Toolkit for GBV Practitioners”

<sup>248</sup> UNFPA, “Young Persons”

<sup>249</sup> UNFPA, “Women”

<sup>250</sup> USAID *et al.*, “Alight Botswana”

<sup>251</sup> ELRHA, “Promising Practice”

<sup>252</sup> IASC, “Guidelines”

<sup>253</sup> Van der Heijden, Harries, and Abrahams, “Barriers”

<sup>254</sup> Hossain *et al.*, “Violence”

<sup>255</sup> Among, “Gender and Social Inclusion”

<sup>256</sup> Barger *et al.*, “Sexual assault prevention”

<sup>257</sup> Meer and Combrink, “Invisible intersections”

<sup>258</sup> Van Der Heijden, “Women with disabilities”

implementation.<sup>259 260 261 262 263 264 265 266 267 268</sup> In this regard, Hanass-Hancock et al. (“Preventing Violence,” 39) underline the importance of defining the type of change – informal, formal, social, individual – in order to understand the drivers of change and develop more effective GBV programmes. Additionally, many reports emphasise the importance of reflective tools to track and understand change.<sup>269 270 271 272 273</sup> To support roll-out implementation and inclusion-monitoring for better tracking outcomes in disability-inclusive programmes, a report on GBV and disability programming conducted by ELRHA (“Promising Practice”) highlighted the importance of post-intervention agency commitment with follow-up disability-inclusive staff training. Furthermore, the toolkit *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners* by the WRC (“Toolkit for GBV Practitioners,” 2015; 3-4; 81-91) provides three tools – reflecting change, documenting change, and identifying PWD’s capacities – to enhance the process of project closure.

### **Differences in GBV Programming within the development and humanitarian context**

Despite general agreement on interventions targeting empowerment, partnering and networking between disability- and GBV specific actors, and the participation of WWD, there seems to be a slight difference in the focus of the literature specific to humanitarian and developmental settings. The literature specific to humanitarian settings such as focused on economic empowerment of women and the infrastructural barriers for service-accessibility.<sup>274 275 276 277 278 279 280</sup> Meanwhile the literature predominantly related to the development context, targeted education and participatory approach of women with disabilities, as well as improving

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<sup>259</sup> Hanass-Hancock et al., “Alight Botswana”

<sup>260</sup> Hanass-Hancock et al., “Alight Botswana: Framework”

<sup>261</sup> Hanass-Hancock et al., “Preventing Violence”

<sup>262</sup> USAID et al., “Alight Botswana”

<sup>263</sup> WRC, “Disability Inclusion”

<sup>264</sup> WRC, “Summary Brief”

<sup>265</sup> WRC. Building Capacity for Disability in Gender-Based Violence Programming in Humanitarian Settings: Full Report. WRC (New York, New York, United States: 2015).

<https://www.womensrefugeecommission.org/resources/document/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview>.

<sup>266</sup> WRC, “Toolkit for GBV Practitioners”

<sup>267</sup> (Ibid.)

<sup>268</sup> IASC, “Guidelines”

<sup>269</sup> WRC, “Disability Inclusion”

<sup>270</sup> WRC, “Summary Brief”

<sup>271</sup> WRC, “Full Report”

<sup>272</sup> WRC, “Toolkit for GBV Practitioners”

<sup>273</sup> WRC. Piloting the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action: Disability Inclusion in Gender-Based Violence Programming in Jordan, Sri Lanka, and Uganda. WRC, (New York, New York, United States: 2019). <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/piloting-iasc-disability>.

<sup>274</sup> WRC, “Disability Inclusion”

<sup>275</sup> WRC, “Summary Brief”

<sup>276</sup> WRC, “Full Report”

<sup>277</sup> WRC, “Toolkit for GBV Practitioners”

<sup>278</sup> (Ibid.)

<sup>279</sup> WRC, “Piloting the IASC Guidelines”

<sup>280</sup> Cowan, “CARE Rapid Gender Analysis”

staff-capacity and attitudes.<sup>281 282 283 284 285 286 287 288</sup> It is possible that these differences exist due to the perception of the different natures of humanitarian and development programming; wherein the former takes a myopic approach limited to addressing the more urgent and physical barriers, and the latter favours systematic and societal transformations.<sup>289 290</sup> Nevertheless, further research would be needed to determine if this is indeed the case.

## Conclusions from the Literature

The literature review conducted showed that among academic and grey literature sources, the intersectionality between WWD and GBV was accounted for, and specific risk factors and causes for GBV, such as social norms regarding gender and disability, were identified; however, the overall evidence indicates that disability inclusion is not effectively mainstreamed within GBV programming in its totality. Although evidence across the literature highlights that WWD are even more vulnerable to GBV than women or PWD generally – due to the intersection of being a woman and a PWD – there is a lack of in-depth knowledge about the precise drivers and experiences of WWD. In addition, WWD are linked to increased vulnerabilities, including poverty and unemployment, prevailing barriers to education and healthcare access, as well as negative social stigmas concerning their sexuality which can leave them vulnerable to various forms of violence and abuse.<sup>291</sup> This literature review further points to lacking awareness of GBV service providers about WWD’s across various areas which increases WWD’s vulnerability. A lack of inclusion-mainstreaming was identified throughout academic and grey literature alike. These identified gaps point to the low visibility and lack of accounting for the specific circumstances, perceptions and vulnerabilities PWD face within mainstream GBV prevention and response initiatives. Furthermore, the literature consensually acknowledges that – because of the intersectionality between disability and gender – WWD experience unique forms of violence that must be understood and addressed by GBV programmers.

## Conclusion and Recommendations for GBV Practitioners

Following from the conducted literature review, enhancing and initiating disability-inclusive GBV programming remains a challenge for GBV practitioners. As showcased through the five Process Groups of Project Management, there are many ways in which GBV prevention and response programming can be adapted to become disability-inclusive. These range from inclusion-mainstreaming and collaborations DPO in projects, to a larger engagement with stakeholders to address disability-inclusive programming. This literature review has shown that frameworks to provide disability-inclusive guidelines in GBV programming are readily available for programmers, however, more efforts need to be taken to translate theory into practice and provide real examples of disability-inclusive GBV programming. Furthermore, as previously mentioned, more research needs to be conducted to provide a full understanding in all the ways GBV programming can become disability-inclusive and specific.

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<sup>281</sup> USAID *et al.*, “Botswana Council”

<sup>282</sup> Hanass-Hancock *et al.*, “Alight Botswana”

<sup>283</sup> Hanass-Hancock *et al.*, “Alight Botswana: Framework”

<sup>284</sup> Hanass-Hancock *et al.*, “Preventing Violence”

<sup>285</sup> Matsi, “Vulnerabilities”

<sup>286</sup> Van der Heijden *et al.*, “Barriers to Gender-Based Violence”

<sup>287</sup> WRC, “Disability Inclusion”

<sup>288</sup> Among, “Gender and Social Inclusion”

<sup>289</sup> Hugo Slim, “Dissolving the difference between humanitarianism and development the mixing of a rights-based solution,” in *Development Methods and Approaches: Critical Reflections*, ed. Jo Rowlands, Critical reflections (Oxfam GB, 2003).

<sup>290</sup> This raises the question whether differences of disability-inclusive GBV programming in humanitarian and developmental contexts are necessary and reasoned due to their varying nature or whether certain standards should be applied to both contexts.

<sup>291</sup> Van der Heijden, Abrahams, and Harries, “Additional layers”

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## Annex

**Table 2: Literature Selection Process**

Table 2: Process of Literature Selection - GBV Prevention and GBV Response																
	KEY WORD SEARCH								ELIGIBILITY							
	"disability" AND "programming" AND ("development" OR "humanitarian") AND "GBV prevention"	"disability" AND "GBV programming" AND ("development" OR "humanitarian") AND "GBV prevention"	"programming" AND "disability" AND ("development" OR "humanitarian") AND "GBV response"	"GBV response" AND "GBV programming" AND "disability" AND ("development" OR "humanitarian") AND "GBV" AND "disability"	"violence against women" AND "response" AND "programming" AND "disability" AND "response programming" AND ("development" OR "humanitarian") AND "violence against women" AND "disability"	"disability" AND "GBV prevention"	"disability" OR "GBV prevention"		Accessibility				Rigorousness			
									English	Full text	Peer Reviewed	Redundant	Not relevant	Robust	Full Screening	Included
<b>(1) Databases</b>	0	0	8	0	0	6	5	19	16	19	9	7	1	1	1	
APA Psyc Articles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PubMed	0	0	0	0	0	2	-	2	2	2	0	2	0	0	0	
UN Women	0	0	0	0	0	0	5	5	5	5	5	5	0	0	0	
Web of Science	0	0	0	0	0	4	-	4	4	4	3	0	1	1	1	
OKR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
JSTOR	0	0	8	0	0			8	5	8	1	4	0	0	0	
<b>(2) Manual</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30	26
CRPD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
OHCHR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0
Snowball Search	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29	26
Women Watch	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	0
<b>(3) Google Scholar</b>	75	12	35	4	3	-	-	129	129	129	16	71	37	37	25	
Wide	75	-	35	-	-	-	-	110	110	110	12	63	30	30	19	
Narrow	-	12	-	4	3	-	-	19	19	19	4	8	7	7	6	
	75	12	43	4	3	6	5	148	145	148	25	78	38	68	52	

**Table 3: Categorization of the Selected Literature<sup>292</sup>**

	Citation	Type of Literature		Intersectionality between GBV and Disability <sup>1</sup>			Context		Perspective		GBV Programming		Causes of WWD's Risk to GBV	
		Academic	Grey	-	o	+	Humanitarian	Development	GBV	Disability	Prevention	Response	o	+
1	Adrian-Paul and Nädir, "UN SC Resolution"		X		X		X			X	X	X		
2	Among, "Gender and Social Inclusion"		X			X		X		X	X			X
3	Barger et al., "Sexual assault prevention"	X				X		X	X	X				X
4	Blackwell et al., "Women's status"	X		X			X		X			X		
5	Bowen and Swift, "The Prevalence"	X				X		X		X	X			X
6	Brownridge, "Partner Violence"	X				X		X		X	X			X
7	Buscher, "Engaging organizations"		X		X		X		X	X	X	X		
8	CBM International et al., "Humanitarian inclusion"		X		X		X		X	X	X	X		
9	Chambers, "Enhancing Women's Influence"		X		X			X			X			
10	Cowan, "CARE Rapid Gender Analysis"		X		X		X		X	X	X			
11	ELRHA, "Promising Practice"		X			X	X		X	X	X	X		
12	Emerson and Roulstone, "Developing an Evidence"	X			X				X	X	X	X		
13	Frohader and Swift, "USING A HOLISTIC HUMAN RIGHTS FRAMEWORK"		X			X			X		X			X
14	Government of Ireland, 2019		X		X		X		X	X	X	X		
15	Hanass-Hancock et al., "Alight Botswana"		X			X		X	X	X	X			X
16	Hanass-Hancock et al., "Alight Botswana: Framework"		X			X		X	X	X	X			X
17	Hanass-Hancock et al., "Preventing Violence"		X			X		X	X	X	X			X
18	Hossain et al., "Violence"		X		X		X		X		X	X		
19	IASC, "Guidelines"		X		X		X		X	X	X	X		
20	IRC, 2019		X											
21	Lilleston et al., 2016		X		X		X		X		X	X		
22	Matsi, "Vulnerabilities"	X				X		X	X	X	X			X
23	Meer & Combrinck, "Invisible intersections"	X						X	X	X	X			X

<sup>1</sup> The symbols “-/o/+” indicate the extent to which the selected literature elaborates the subject of interest. “-“ indicates that the subject of interest was not or only mentioned in passing; “o” indicates that the subject of interest was mentioned, but not properly addressed; “+” indicates that the subject of interest was elaborated.

<sup>292</sup> The symbols “-/o/+” indicate the extent to which the selected literature elaborates the subject of interest. “-“ indicates that the subject of interest was not or only mentioned in passing; “o” indicates that the subject of interest was mentioned, but not properly addressed; “+” indicates that the subject of interest was elaborated.

24	Molin, "Preventing Gender-Based Violence"	X			X	X		X		X			X
25	Nader, "Violence Against Refugee Women"	X		X		X		X		X	X	X	
26	Namatovu, Preet, and Goicolea, "Gender-Based Violence"	X			X		X		X		X		X
27	Navarrete, "A Qualitative Research"	X		X		X		X			X	X	
28	Ortoleva and Knight, "Who's Missing"		X	X		X		X		X	X		
29	Renzetti and Follingstad, Preventing intimate partner violence"	X		X			X	X		X			X
30	Rich, "My Body"	X		X			X		X		X	X	
31	Stern and Carlson, "Indashyikirwa Women's Safe Spaces"	X			X		X		X		X		X
32	Stern, van der Heijden, and Dunkle, "How people with disabilities"	X			X		X		X		X		X
33	TAAP, "TAAP Scenario"		X		X	X		X		X	X		X
34	UK AID, "Disability Inclusion"		X		X	X		X		X	X		X
35	UNDESA, "Disability"		X	X			X		X		X	X	
36	UNFPA, "Minimum"		X	X		X		X		X	X	X	
37	UNFPA, "Women"		X		X		X	X		X			X
38	UNFPA, "Young Persons"		X		X		X		X		X		X
39	UNHCR, "Sexual"		X										
40	UNSC, "Resolution 1325"		X	X		X		X			X	X	
41	UNSC, "Resolution 2467"		X	X		X		X			X	X	
42	USAID et al., "Botswana Council"		X		X		X	X	X	X			X
43	Van Der Heijden, "Women with disabilities"	X			X		X	X	X	X	X		X
44	Van der Heijden, Abrahams, and Harries, "Additional layers"	X			X		X	X	X	X	X		X
45	Van der Heijden, Harries, and Abrahams, "Barriers"	X			X		X	X	X	X	X		X
46	WRC, "Disability Inclusion"		X		X		X		X		X		X
47	WRC, "Full Report"		X		X	X		X		X	X		X
48	WRC, "Toolkit for GBV Practitioners"		X		X	X		X		X	X		X
49	WRC, "Summary Brief"		X		X	X		X		X	X		X
50	WRC, "Piloting the IASC Guidelines"		X		X	X		X		X	X	X	
51	WRC & Childfund International, 2016		X		X		X	X		X	X		X
52	World Bank Group, "Gender-Based Violence"		X		X		X	X		X	X	X	

