



ADDIS ABABA UNIVERSITY
SCHOOL OF LAW AND GOVERNANCE STUDIES
CENTER FOR HUMAN RIGHTS

**Gender Based Violence against Women with Disabilities in Addis Ababa: The Case of
Ethiopian National Associations for the Blind and Ethiopian Women with Disabilities**

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National Associations**

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List of Acronyms

ACHPR	African Charter on Human and People’s Rights
AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRPD	Convention on the Rights of Persons with Disabilities
DEVAW	Declaration on the Elimination of Violence against Women
ENAB	Ethiopian National Association for the Blind
EWDNA	Ethiopian Women with Disabilities National Association
EWLA	Ethiopian Women Lawyers Association
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussions
GBV	Gender-based violence
HIV	Human Immuno-deficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
MDGs	Millennium Development Goals
MOLSA	Ministry of Labor and Social Affairs
MWCY	Ministry of Women, Children and Youth
NGO	Non-governmental Organizations
OAU	Organization for African Union
PWD	People with disabilities

STI	Sexually Transmitted Infections
WHO	World Health Organization
WWDs	Women with Disabilities
UDHR	Universal Declaration of Human Rights

Abstract

Gender Based Violence against women is physical, psychological and economical ones. The aim of this study is to explore and explain the different types of gender-based violence women with disabilities face. The study used a qualitative method. Twenty-five women with disabilities (visually impaired and with physical disabilities) had in-depth interviews. The women with disabilities were members of either Ethiopian Women with Disabilities \National Association or Ethiopian National Association for the Blind. One focus group discussion was held among seven women with disabilities that are members of Ethiopian Women with Disabilities National Association. The other source of data was a twelve key informant's interview. The findings of this study shows that women with disabilities are highly vulnerable to violence and were victims. Rape, attempted rape, unwanted touching, false accusations, insults, pushing, isolations and slapping were the violence the interviewed women with disabilities have faced. The violence has affected their wellbeing adversely. Lack of awareness, negative attitudes, economic dependency, poverty, gender, disability and vulnerability of women with disabilities were identified to be the causes of the violence. The perpetrators were care givers, neighbours, family members, the government, partners, ex-partners and the community. Many of the key informants stated that women with disabilities come to the Association/Organization seeking for help as victims of gender based violence rarely. Based on the findings of the study, violence against women with disabilities need attention from the Governmental Organizations, Non-Governmental organizations, Disability Based Associations and the community.

CHAPTER ONE: INTRODUCTION

1.1 Background

Around 15 % of people throughout the world are known to be living with some kind of disability¹. The UN Convention on the Rights of People with Disabilities describe disability as, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Nations that have accepted and approved the convention are bound to safeguard the rights of people with disabilities. Moreover, in order to achieve the Millennium Development Goals (MDGs) and to effectively adhere to international conventions, the international development community has recognized that aspects related disability needs to be incorporated into every prevailing policies and programs². In Ethiopia, it is estimated that around 8 million people (10% of the total population) have been known to be living with some form of disability³. Out of all prevalent disabilities, 42.2% of the people were visually impaired whereas disability arising out of leprosy and hearing impairment contributed to the overall disability by 6.5% and 7.8% respectively⁴. Other than that, it has been reported that people with disabilities (PwDs) also fall under societal groups that are largely economically and socially disadvantaged.

These individuals don’t just suffer from immobility and pain but they also happen to be socially distraught with several kinds of stigma and discrimination. They are also prone to rejection, mental anxiety and dependency⁵. As a result of the stigma that they undergo, PwDs are exposed to an enhanced sense of insecurity that encourages them to indulge in sexual behavior that is risky which includes establishing sexual relations with several partners. Moreover, the scope for violence is amplified in cases where it involves women with disability as compared to men and

¹ World Health Organization (WHO). *World Report on Disability* , Geneva: World Health Organization, 2011, pp. 1- 325

² USAID. Ethiopia Disability Inclusion Strategy 2011–2015. 2011. Available at:
http://ethiopia.usaid.gov/sites/default/files/images/USAID_Disability_Strategy.pdf.

³ United Nations. *Secretariat for the Convention on the Rights of Persons with Disabilities*. 2007. Available at:
<http://www.un.org/esa/socdev/enable/disabout.htm>

⁴ *ibid*

⁵ Ethiopian Health and Nutrition Research Institute. *Impact Evaluation of Ethiopia’s National Response to HIV/AIDS, Tuberculosis and Malaria*. Ethiopian: Ethiopian Health and Nutrition Research Center, 2008.

women who are not disabled. Thus, the elderly, children and women who are disabled are at high risk for abuses that might be sexual or physical in nature on the basis of the existing social discrimination⁶. It is considered as a human right issue when Gender-Based Violence (GBV) is directed at women. Every woman has the right to freedom from any kind of activity that violates her mental and physical integrity. This can be considered as a point of origin for evaluation and warrants action with a view to tackle the issue of violence directed at women⁷. The meaning of violence against women (violence by men against their partners) was expanded in the 1990's from assault, rape and murder and now includes violence that is gender based by police and armed forces during armed conflict and day-to-day life, genital mutilation of women, violence directed at women who happen to be refugees and seekers of asylum, prostitution and trafficking, compelling women for abortion and sterilization, harassment that is sexual, infanticide, female feticide, women being subjected to early marriages or being compelled to marry, violations in widowhood and honor killings⁸. Violence directed at women is not just a crime anymore but is also considered as a gross violation of human rights which has gained widespread attention in recent times.

The UN Declaration on the Elimination of Violence against Women defined it, “*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.*”⁹ Thus, it can be construed that an absence of equality between men and women happens to be the key cause that leads to violence that is gender based. It has also been noticed that this kind of violence often occurs within the confines of a home, in family circles¹⁰. In addition to that, different international, regional and national human right instruments have dealt with the protection of women from violence in one way or the other.

In Ethiopia, the primary factors that leads to disability includes; lack of proper pre and post-natal care and issues in treatment, infections and communicable diseases such as HIV/AIDS,

⁶ ibid

⁷ Center for Human Rights. *Gender-based violence in Africa: Perspectives from the continent*. Pretoria: Center for Human Rights, University of Pretoria, 2013

⁸ SE, Merry. *Human Rights and Gender Violence: Translating International Law into Local Justice*. Chicago: University of Chicago Press, 2006, pp. 1- 264.

⁹ United Nations. Declaration on the Elimination of Violence against Women, General Assembly Res. 48/04 Article1, 1993

¹⁰ The International Network of Women with Disabilities (INWWD). *Violence against Women with Disabilities*, Centre for Woman Policy Studies 2011 pp. 1-10.

tuberculosis and malaria, detrimental conventional beliefs and customs such as early and forced weddings, genital mutilation of women, conflicts and accidents¹¹. In addition, such factors are aggravated owing to issues that are associated with the environment and issues that arise out of poverty such as; lack of proper hygiene and sanitation, malnutrition, famines and droughts and issues that are related to age¹². Existing evidence clearly indicates that around 50% of the disabilities can be easily prevented and is directly associated with poverty¹³. Around 20% of all disabilities are caused by malnutrition¹⁴. Further, frequent droughts and lack of food also augments the percentage of individuals with disabilities. As it has been stated by the international development community, developing countries such as Ethiopia have to give attention to the incorporation of disability issues in their policies and programs. As a result, diverse Non-Governmental Organizations (NGOs) and government bodies as well as Associations of People with Disabilities are addressing disability issues in their programs. Ethiopia has also ratified the UN Convention on the Rights of People with Disabilities. The disability issue is a sensitive one that it needs the involvement of more stakeholders in combating with the problem of disability based violence. Moreover, national legal instruments such as the FDRE Constitution and the Criminal Code have dealt with the rights of women by emphasizing on gender-based violence. Addressing gender-based violence against women with disabilities is equally important in achieving a sound development that is a human right sensitive one.

1.2 Statement of the Problem

In the current societal structure, violence that is directed at women has been identified a severe violation of human rights throughout the world. It is also one of the causes for disability. Other than resulting in injury, violence against women gives rise to an array of long range health issues that include: physical disability, severe pain, substance abuse (alcohol and drugs) and depression¹⁵.

¹¹ Federation of National Association of People with Disability. *Study on DPOs Historic Mission and Survival Strategies in Future Under the New CS Law*. 2010

¹²Ibid

¹³Ibid

¹⁴ World Health Organization, Supra Note 1

¹⁵ Mary Ellsberg and Loti Heise, *Reaching Violence against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization, PATH, 2005, p.9.

Women are abused simply because they are women. Irrespective of the fact that women are largely subjected to violence, the condition is not all pervading or universal. In fact, several studies have indicated that several small societies are totally devoid of any kind of domestic violence especially the Wape of Papua New Guinea¹⁶. There are different reasons such as culture for the wider spread of gender-based violence in one area and lesser in the other. Statistics for the general population in developing countries indicates that: by the age of sixteen, one woman out of every four is sexually abused¹⁷; out of every three women, two of them have been subjected to sexual acts that were unwelcome¹⁸; out of every six women, one of them has endured sexual or physical abuse by their spouse, ex-husband or their live-in partner¹⁹; homicides involving women largely occur owing to violence in the family²⁰; and it has been witnessed that the percentage of women with disabilities within the general population is 14.7%²¹.

The African Child Policy Forum in 2009-2010 undertook an evaluation to check the extent of children with disabilities who were subjected to violence within five African nations such as; Ethiopia, Cameroon, Zambia, Uganda and Senegal. The study indicated that within the said five nations, incidences of sexual violence against children with disabilities were equal. However, girls were subject to more violence as compared to boys. Needless to say, a large gap was observed between boys and girls wherein as compared to 75% of girls only 27% of boys actually reported incidences of rape²².

While women who have disabilities are subject to the same kind of violence that is experienced by women without disabilities, some kinds of violence that women with disabilities are subject to are not as clear as violence that is gender based owing to a higher scope of discrimination on the basis of disability²³. Moreover, incidents where women with disabilities are abused or maltreated

¹⁶ Ibid p.24

¹⁷ Ken Finkel, *Canadian Medical Association Journal*. Ottawa: Canadian Medical Association, 1987, p.245.

¹⁸ Badgely et al., *Sexual Offenses Against Children in Developing Countries*. Ottawa: Department of Supply and Services Canada, 1984.

¹⁹ Lawson P, *Domestic Violence*. In *B.C. Woman to Woman*, April 1992, p.9.

²⁰ MacLeod L *Battered But Not Beaten: Preventing Wife Battering in Developing Countries* Ottawa: World Bank Advisory Council on the Status of Women, 1987.

²¹ Secretary of State, Statistics on Persons with Disabilities in Africa, a summary of the original document, "An Economic Profile of Persons with Disabilities in Africa (1986 statistics)", 1990, p.4.

²² ACPF. *Violence against Children with Disabilities in Africa: Field Studies from Cameroon, Ethiopia, Senegal, Uganda and Zambia*. Addis Ababa: The African Child Policy Forum, 2011.

²³ The International Network of Women with Disabilities, *Supra Note 10*.

supersede incidences of violence against women who do not have any disability²⁴. The nature of their disability renders them more prone to abuse as compared to women who are not disabled. In addition, though the existing evidence is scant, it clearly indicates that women with disabilities are subject to more violence as compared to men who are disabled²⁵.

Similarly, in general, there happens to be a sizable number of people with disabilities and women who suffer from disabilities specifically in Ethiopia, because of stigma and discrimination many are isolated and excluded from their communities. The status of women is worse as they are facing double discrimination i.e. gender and disability based.

As a result of the above, the research will study the gender-based violence directed at women who are disabled in selected Associations of People with Disabilities The Visually Impaired and the Women with Disabilities Associations in Addis Ababa, Ethiopia will be area of focus.

1.3 Objective of the study

1.3.1 General Objective

The common purpose of this study in particular is to explore and explain the different types of gender-based violence women with disabilities face, by focusing on women who are affected by some kind of disability in the Ethiopian National Associations for the Blind and Association of Women with Disabilities.

1.3.2 Specific Objectives

1. To identify the different types of gender based violence women with disabilities face.
2. To identify the causes of gender based violence against women with disabilities
3. To determine the coping strategies that women with disabilities use to combat with the problem
4. To assess the challenges stakeholders experiencing in the implementation of legal instruments and policies?

²⁴Ibid

²⁵Rand, M.R. and Harrell, E. *Crime Against People with Disabilities*. USA: U.S. Department of Justice Office of Justice Programs, 2007

1.4 Research Questions

1. What are the types of gender based violence women with disabilities usually face?
2. What are the causes of gender based violence against women with disabilities?
3. What coping strategies do the women with disabilities use to combat with the problem of gender based violence?
4. What are the challenges stakeholders experiencing in the implementation of legal instruments and policies

1.5 Significance of the Study

- Contribute in providing information on the experiences of violence that is gender-based among women who are affected with disabilities, which can be useful for the local and national interventions.
- Provide information on the causes gender-based violence of women with disabilities causes which could possibly be useful for the different Governmental Organizations, Non-governmental organizations and Disability Based Associations, in their mitigation work.
- Give useful feedback for possible policy reinforcement and implementation gaps.
- Create awareness about the current intervention and recommend service implications which can be used by government, civil society actors and NGO's in order to prioritize the issue as a problem.
- Pave a way to researchers to conduct a further study on GBV against women with disabilities in other context.

1.6 Delimitation of the Study

The study is delimited in scope in terms of area, population and sampling. It is conducted in Addis Ababa, in two selected associations whose members are people with disability, and one policy reinforcing government body.

1.7 Limitation of the Study

The major constraints in doing this research are deemed to be time and financial ones. Moreover, the absence of adequate researches conducted with similar titles in the Ethiopian context led to the shortage of reference materials.

1.8 Operational Definition

Disability -- is an evolving concept and that disability results 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 ²⁶

Persons with disabilities – are individuals who are suffering from long-term mental, intellectual, sensory or physical disabilities which hamper their complete and efficient contribution to society on an equal footing with those without disabilities.²⁷

Discrimination on the basis of disability-- It means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation²⁸

Sex-- The state of being male or female. It identifies the biological differences between women and men.²⁹

Gender – is a particular set of traits that distinguishes the social behavior of men and women and outlines the association amongst them from a cultural context.³⁰

²⁶UN Convention on the Rights of Persons with Disabilities Preamble

²⁷ ibid

²⁸ ibid

²⁹A.S Hornby Oxford University Press, Oxford Dictionary Advanced Learner's Dictionary 2000

³⁰Gender Mainstreaming: A Resource Guide, Save the Children, May 2000.

Gender-based violence – can be construed as any violent act that is committed in absolute violation of an individual’s free will. It is largely founded on an individual’s responsibilities, expectations, rights, restrictions and gender roles. Any action is termed as gender based violence in the event that it leads to or has the possibility to result in sexual, psychological and physical harm or suffering. This also includes intimidating into coercion or illogical restriction of freedom in private or public life.³¹

³¹ *ibid*

CHAPTER TWO: REVIEW OF LITERATURE

2.1 Gender-Based Violence: Conceptual Underpinnings

Gender-based violence ³²is a description encompassing any detriment committed against a individual's will on the basis of her/his gender role, which is often times apportioned by society. Though usually connoted with 'violence against woman', GBV's reference is much broader and extends to violence directed against a person, and not solely women, on the basis for her/his gender orientation or role.

Nonetheless, due to the evident fact that GBV has a relatively much greater adverse impact on women and girls in many societies across the world (developed or developing), there is a tendency to use the term interchangeably with violence against women.³³ And this is most of the time attributed to power inequities that stem directly from gender roles.³⁴ According to the United Nations Declaration on the Elimination of Violence against Women (DEVAW), violence against women is defined as, " Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."³⁵

It is stated that the aforementioned definition by DEVAW, albeit acceptable to a large extent, seems to lack depth and breadth in that violence against women actually takes multiple forms above and beyond "physical, sexual and psychological harm." In this regard, even though it was attached to a slightly different concept of "discrimination against women", the definition provided by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which came into force in 1981, appears quite pertinent to be applied, in reference to GBV as well. The Convention stipulates that "discrimination against women shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their

³² The terms 'gender-based violence' and 'violence against women' are frequently used interchangeably in literature and by advocates, however, the term gender-based violence refers to violence directed against a person because of his or her gender and expectations of his or her role in a society or cultura; see also, UNIFEM, 2012. *Ending Violence against Women and Girls Programming Essential*.

³³ Susan, D.S. and Gihan, A.Z. *Egypt Violence against Women Study; Literature Review of Violence against Women*. The United States Agency for International Development, 2006, p. 4.

³⁴ Ibid

³⁵ United Nations, supra note 9

marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”³⁶

On the whole, GBV is an occurrence that commonly takes place within every community in myriad manners and is transferred amongst generations largely due to cultural and social norms that mostly dictate how human beings are raised³⁷. Moreover, it is also a crime committed against thousands, if not millions, of women throughout the world. Different nations have criminalized the act under their national legislations. The perpetrators are predominately males and there are also females in a lesser number. A study on violence conducted by Women’s Affairs Centre in Gaza in 2001 revealed that 97% of GBV is perpetrated by husbands. It also indicated that around 10.5% of women who are abused by their husbands are also prone to violence from their in-laws³⁸. Similarly, Funk A., *et al.* (2005) on the basis of a wide empirical proof highlight that a large number of people who commit GBV happen to be men and they also indicate that GBV can also be directed at men or boys like in instances of “gay-bashing” or sexual abuse³⁹. Women are also known to resort to violence that is gender based which could either be directed at men or at women for that matter⁴⁰.

2.2 ‘Gender versus ‘Sex’

As inferred in the previous section, gender is primarily used to define an array of behavioral traits and qualities that all communities and societies attribute to and expect from women and men. Such expectations originate from the notion that specific behaviors, traits, qualities and roles are quite ‘natural’ for men whereas other characteristics and roles are quite ‘natural’ for women⁴¹. This notion is different from ‘sex’, which indicates the biological characteristics that distinguish male and female. ‘Sex’ refers to differences that are related to chromosomes,

³⁶United Nations. *Convention on the Elimination of All Forms of Discrimination against Women*, New York: United Nations, 1981. Part I, Article 1.

³⁷AL Usta, J. *Working with Gender Based Violence Survivors*, United Nations Relief and Works Agency for Palestine Refuges in the Near East (UNRWA), 2012, p.1

³⁸ Ibid p.2

³⁹ Funk, A., Lang, J. and Osterhaus, J. *Strengthening Women’s Rights; Ending Violence against Women and Girls –Protecting Human Right Good Practices for Development Cooperation*. Eschborn: Deutsche Gesellschaft für, 2005, p. 12

⁴⁰ Ibid.

⁴¹ Ibid p.17.

anatomy, hormones, reproductive systems and other psychological components. ‘ Gender’ and ‘sex’ are usually, and erroneously, used as synonym terminologies.

Gender is an intrinsic aspect of political, economic and social transformation processes, unlike the rather universal concept of sex.⁴² Gender concepts that compete or happen to be in contrast more often than not co-exist during transformation procedures of such kind thereby necessitating sophisticated policies and legal frameworks that minimize the real and/or imminent tensions between the different approaches. It is essential to initially scrutinize particular situations with a view to extend the most feasible support to agents of change in every individual context.

A large number of widely norms that are specific to gender which happens to be broadly accepted throughout the world are often founded on beliefs that accord more priorities to men as compared to women. Often, the traits and roles linked to men are looked upon as more significant and of value as compared to roles linked to women. Accordingly, the roles allotted to men are considered to be more worthy for enhanced recognition and elevated status. This clearly indicates that gender hierarchies are an integral aspect of the intricate social, cultural and economic power relations that give rise to inequalities. Gender is more about the distribution of power amongst two sexes that accords more privilege to men as compared to women. According to Vollmann⁴³, the factors that lead to men perpetrating violence against girls and women is directly linked to how they are raised up to be men or women, in addition to the consequent distinction that these viewpoints generate⁴⁴.

2.3 Disability: Meaning and Scope

Needless to say, disability is a topic of paramount socio-economic and political relevance, considering that about 15-17% of the populations of any given nation in the world are persons with disabilities.⁴⁵ Not so contrary to the case of gender-based discriminations, PWDs have been discriminated against, since time immemorial, primarily due to their disabilities. As is true with women, PWDs too have undergone, and continue to under go multi-layered violations of their fundamental socio, economic, cultural and political rights in countless societies around the world

⁴² Merry SE, Supra Note 8.

⁴³ Vollmann, W.T. *Rising Up and Rising Down, Some Thoughts on Violence, Freedom and Urgent Means*, New York: Harper Collins, 2005

⁴⁴ Ibid.

⁴⁵ World Health Organization, supra note 1

(developed or developing). Unlike ‘gender’ and ‘GBV’, the term ‘disability’ is harder to define because, a) the concept includes several conditions of body and mind and b) the theoretical boundary between ‘disability’ and ‘ability’ appears to be small and less clear as various schools of thoughts surface.⁴⁶

The World Health Organization (WHO’s) latest definition, which is also deemed to be the most comprehensive to-date, tells us that disability is “a generic term that includes impairments, activity limitations, and participation restrictions.”⁴⁷ Pursuant to this definition by WHO, an ‘impairment’ is a problem in the structure or body functions; while a difficulty that is faced by an individual at the time of conducting an action or task is termed as ‘activity limitation’; whereas, problems that are experienced by individuals at the time of their active involvement in life situations is considered as ‘participation restriction’⁴⁸. Interestingly, in its list of definitions, the Convention on the Rights of Persons with Disabilities (CRPD) does not mention disability but in a section that explains its purpose, the Convention indicates that “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”⁴⁹ A combined reading of the definitions provided by both the CRPD and WHO’s world report on disability (2011) therefore leads to a valid conclusion that ‘disability’ is a condition that limits or impedes individuals from completion of their daily activities and can be divided into the following six sub-categories:⁵⁰

- *Limitation in hearing involves a severe difficulty in hearing or total deafness.*
- *A severe difficulty in seeing even after wearing glasses or total blindness is termed as visual impairment.*
- *Limitations that are cognitive in nature comprise of a severe difficulty in remembering, concentrating or decision making owing to a condition that can be emotional, mental or physical.*
- *A difficulty in climbing stairs or walking is considered as ambulatory limitation.*

⁴⁶ Quinn, G. E.U Network of Experts on Disability, National University of Ireland at Galway, Definition of Disability, p.4

⁴⁷ World Health Organization, Supra note 14

⁴⁸ Ibid.

⁴⁹ United Nations. *Convention on the Rights of Persons with Disabilities (CRPD)*. New York: United Nations, 2007, Article 1.

⁵⁰ US Department of Justice National Crime Victimization Survey, Crime against Persons with Disabilities, 2008-2010.

- *A condition where individuals face difficulty in bathing or dressing is known as self-care limitation.*
- *Independent living limitation is an emotional, mental or physical condition that hinders people from undertaking or executing errands such as shopping or visiting a doctor on their own.*

One vital point that has to be underscored at this juncture is that neither the CRPD nor the World Report on Disability has provided a one-fits-all, internationally applicable definition of ‘disability’. The two instruments seem to have deliberately confined themselves to providing only a universal framework and threshold within which countries should adopt their own respective definitions of disability. A recent study about the definition of disability across several European Union nations supports the belief that the meaning and notions of disability may not just differ from nation to nation but it also differs within each sector and nation⁵¹.

For example from the Ethiopian context, the declaration that extends employment opportunities for people who are afflicted with disabilities⁵² described an individual with disability as ‘a person whose chances for equal employment is diminished owing to his or her impairments which may be mental, sensory or physical in nature with regards to social, cultural and economic discriminations’⁵³. It can thus be safely deduced that disability is a complex as well as highly context and sector-specific term that may be defined differently but within the conceptual frameworks set by the two governing instruments on the subject, namely, the CRPD and the World Report on Disability.

2.4 Disability-Based Violence

Different studies reveal that PWDs are subject to abuse on a higher scale as compared to people who do not have any disabilities⁵⁴. In other words, disability can, in and of itself, be a factor that puts people in situations of grave abuse and vulnerability.⁵⁵ It is generally accepted that the overall impact of the issues that PWDs tackle on a day-to-day basis can categorically be referred

⁵¹ Badgely et al. supra note 18

⁵² *A Proclamation to Provide for the Right to Employment of Persons with Disabilities*, Proclamation No.568/2008. Article 2

⁵³ Ibid.

⁵⁴ World Organisation Against Torture. 2016. Available at: www.omct.org.

⁵⁵ Ibid.

to as ‘oppressive marginalization’.⁵⁶ According to Peter Blanck (ed.), in any society oppressive marginalization of people with disabilities are founded on the basis of either one or the collective effects of the below mentioned three aspects⁵⁷.

1. Misconceptions or prejudices that are societal
2. Optimistic intentions harboured by people without any disability as it may be noticed during their interactions with people who have some disability and
3. Hegemonic or foremost practices and notions that is usually considered as ‘acceptable’ amongst the large number of people who do not have any disability.

The first amongst the above said root causes happen to be self-explanatory; hence I will resist from venturing in-depth into it. Though, it can be construed that misconceptions harboured by the society in general with regards to PWDs may fluctuate amongst societies. This aspect has been elaborated in the earlier sub-section that lingers on the scope and meaning of disability.

With regards to the second root cause also (i.e., optimistic intentions harboured by people without disabilities), examples demonstrating it abound; the only caution would pertain to ascertaining the kind of assistance PWDs require before they are presented with any kind of support, irrespective of the fact that there is a positive intent in extending help⁵⁸. The last root cause, *hegemonic or foremost practices and notions* is referred by certain disability activists as ‘plausibility structures’ that is elaborated through the quote below mentioned:

A ‘plausibility structure’ is one that provides for an unobtrusive control of the premises upon which decisions are rendered plausible and, thus, acceptable. That is, the dominant ideas and practices, or the plausibility structure, by virtue of its control over the definition of the situation of persons with disabilities, enables otherwise decent people to adopt policies and programs which they regard as reasonable, plausible, but, which PWDs may practically view as a major source of the oppressive marginalization.⁵⁹

⁵⁶ Blanck, P. (Ed.). *Disability Rights*. Aldershot, England: Ashgate Publishing Limited, 2005.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

On the basis of the earlier descriptions of the sources for oppressive marginalization, it is possible to conclude that victimization, abuse and oppression of PWDs might not necessarily be derived from conventional views and practices that are 'backward' on the part of a society that is 'uneducated'. It is possible for such oppression to arise from the prevailing and purported 'approach that is reasonable' that though tends to be done with a good intention, may as a matter of fact lead to marginalization of PWDs.

When we look in particular at the incidence of violence *vis-à-vis* disability, we find a number of factors in play. The Working Group on Violence at the International Network of Women with Disabilities (INWWD) has summarized and elucidated these factors into five as follows:⁶⁰

1. The first factor being the stigma associated with disability; PWDs are many a times perceived by society as not totally human and has scant value.
2. The second factor that relates to a lack of representation of their identity helps opinion that it is possible to abuse them without any consequence, remorse or conscience.
3. The third factor relates to the assumption within certain societies where they believe that disability is infectious and is a chastisement by God.
4. The fourth factor pertains to the fact that other people may perceive PWDs as someone who requires charity or sympathy instead of deeming them as people who warrant equal rights.
5. The fifth factor pertains to providing medical treatments that might be irreversible or intrusive in nature that people with disabilities are compelled to take without getting prior approval from them which is actually equal to mistreatment or torture of PWDs.

2.5 Violence and Women with Disabilities

It is said that irrespective of their race, sexual orientation, class, age or ethnicity, women with disabilities (WWDs) are subject to violence more than that of women who do not have any disabilities⁶¹. That is mainly because of their disability status and gender. Women with

⁶⁰International Network of Women with Disabilities (INWWD). Document on Violence against Women with Disabilities; Discussion Group on Violence Report, 2010, p.6 Available at: <http://groups.yahoo.com/group/inwwd>

⁶¹ Women with Disabilities Australia (WWDA). *Completely Knocked out Australian Perspectives on Disability, Disempowerment and Domestic Violence*, NSW, Australia: WWDA, 2007, p.2.

disabilities face violence of several kinds and it has become a routine in their day-to-day lives⁶². Nonetheless, it is not easy to exactly determine the extent of such violence that WWDs face during the course of their day-to-day lives as such acts of violence are seldom reported⁶³. The underreporting of violence against WWDs is further exacerbated by factors such as high levels of dependency of WWDs on family and caregivers, who could in some cases be the people who commit violence; discrimination and social isolation; and of course a lack of information as well as inadequacy and inaccessibility of support services⁶⁴.

Violence against WWD share similarities with violence against women without disabilities. Nonetheless, as indicated elsewhere above, WWDs experience much more increased levels and kinds of abuse that women who do not have any disability don't experience. They are more vulnerable to abuses because of the society's attitude towards them. Violence that is directed at girls and women who have disabilities is not simply a subclass of GBV; in fact, it is a category that is largely intersectional that deals with disability based violence and GBV⁶⁵. The convergence of the said two aspects leads to the scope for a high violence risk, thereby exposing WWDs to a double-layered violence in comparison to women without disabilities.⁶⁶ As stated earlier, WWDs are also at a high risk of being abused by people and relatives closer to them, such as family members, friends, and caretakers.⁶⁷

2.6 Types of Violence against Women with Disabilities

Human rights as an aspect have a universal appeal, are largely unalienable, non-divisible, and are interdependent and interlinked. Human rights have been accorded to every individual irrespective of any discrimination that may arise on the basis of race, sex, language, color, religion, political or other opinion, birth or status, property, social or national origin. The violation of one generation of the rights can adversely and inevitably affect the other group of

⁶² Anello, B. *Intersectoral workshop on violence against women with disabilities and deaf women and access to the Justice System*. North Bay, ON: DisAbleD Women's Network Ontario, 1998

⁶³ Sobsey, D. and Doe, T. Patterns of sexual abuse and assault. *Sexuality and Disability*, 9(1991): p.243.

⁶⁴ Ibid

⁶⁵ The International Network of Women with Disabilities, supra note 24

⁶⁶ Ibid, p.7

⁶⁷ Kvam, M.H. and Braathem, S.H. *Violence and Abuse against Women with Disabilities in Malawi*, SINTEF Health Research, 2006, p.11

rights. GBV is a human rights violation perpetrated mainly against women and girls. Women are more susceptible to such kind of violence during different stages of their lives starting from infancy to adulthood. Women being sexually harassed or sexually exploited with commercial objectives, killing of female fetuses, early marriage, forced prostitution, rape, marital rape, domestic violence, psychological abuse, etc. are all but some of the examples of violence that women face at different stages.

It has been stated by the DEVAW that is quite possible for GBV to occur within family, community and state levels and they also emphasize that it leads or might lead to psychological, physical or sexual harm or may cause suffering amongst women⁶⁸. Such acts are commonly committed by people who happen to occupy powerful positions which occasionally might be perpetrated by guards, police, armed forces or groups and even international peace-keepers. Such violence may occur or might be overlooked by families, communities, organizations that include schools, centers for detention and religious establishments. It is also evident that humanitarian aid workers have indulged in GBV against refugees⁶⁹. Scholars place GBV into five major categories: namely, sexual violence(e.g., pressured sex, compelled to participate in sexual acts that are humiliating or degrading); physical violence (e.g., use of weapons, kicking, slapping); emotional and psychological violence (e.g., humiliation that is methodical, behavior that is dominating, degrading treatments limitation of liberty, threats);*harmful traditional practices* and *socio-economic violence*(e.g., controlling a person by preventing their access to financial or other resources).⁷⁰ Hence, the inequality that arises from the social exclusion makes certain groups of the society such as women with disabilities highly vulnerable to abuse and violence. Moreover, gender based violence is against the basic principles of human rights.

The causes of GBV also vary depending on the types of violence and include, but may not be limited to, poverty; pejorative societal attitudes; disability; absence of laws and policies as well as poor implementation of the existing ones.⁷¹As a direct result of GBV women are also affected with severe health issues that include bodily injury, disorders that are gynecological in nature,

⁶⁸ United Nations, supra note 4

⁶⁹ Ashmore, J. et al. *Camp Management toolkit*, Norwegian Refugee Council. 2008, p.313.

⁷⁰ Population Council. *Sexual and Gender Based Violence in Africa: A Key Issues for Programming*. Kenya: Population Council, 2008, p. 6.

⁷¹ Mengistab, M. *Gender Based Violence against Female University Students in Ethiopia: The case of Bahir Dar University*. Master Thesis, Addis Ababa University , 2012, pp. 1-97

negative pregnancy results, disorders of mental health and sexually transmitted infections (STIs). All these factors can be intrinsic in causing some or the other kind of disability⁷².

Likewise, GBV against WWDs are of different types and all of the forms of violations mentioned in this sub-section are applicable, in their entirety, to WWDs. That said, however, the latter may experience forms of abuse that stem directly and particularly from their disability.⁷³ According to Iglesias *et al*, violence, in the context of gender as well as disability, is classified into two as *active* and *passive*.⁷⁴ According to her, *active violence* is essentially when the person who perpetrates the aggressive activity is an active participant; in this case, the epicenter happens to be in executing the purported abuse on the victim⁷⁵. This category comes into being through the prevalence of other sub-categories which include abuse that may be emotional, economical, sexual or physical in nature.

An abuse that is physical in nature can be described as any action that is either direct or indirect and has the potential to harm the welfare, health or life of women and incites unwarranted suffering or pain⁷⁶. It is displayed through pain in various body parts, hampers the mobility or leads the individual to resort to blatantly administer drugs.

Whereas, abuse that is emotional in nature can be described as “being threatened, terrorized, corrupted, or severely rejected, isolated, ignored, or verbally attacked.”⁷⁷ This one manifests itself in seclusion, preventing or restricting access to communication mediums, information and prevention of contact with other relatives and neighbors and also involves subjecting the victim to cruelty that could be oral in nature through verbal insults, continuous denigration, ridiculing them on the basis of their physical appearance, exacting penalties in public, being overly protective, speaking on behalf of or making decisions or extending opinions in lieu of her, resorting to emotional blackmail and/or intimidation⁷⁸.

⁷² World Organisation Against Torture, *Supra* Note 48, p.18.

⁷³ Nosek et al. Vulnerabilities for abuse among women with disabilities. *Sexuality and Disability*. 19(2001).

⁷⁴ Iglesias M et al. *Violence and disabled women*. METIS project. European Union DAPHNE initiative.1998

⁷⁵ *Ibid*.

⁷⁶ Naidu E et al. *On the Margins: Violence Against Women with Disabilities*. Research report written for the Centre for the Study of Violence and Reconciliation, 2005, p.19.

⁷⁷ World Organisation Against Torture, *supra* note 49 p.180.

⁷⁸ *Ibid*.

An abuse that is sexual in nature can be described as any situation where a woman is coerced, pressurized or betrayed into indulging in sexual acts that would vary from just touching, looking or actual sexual intercourse⁷⁹. Whereas, abuse that is economic in nature can be construed as one that pertains to actions and omissions that lead to a woman losing control on her rights which are significant for her existence (including money and/or employment, property)⁸⁰.

On the other hand, the *passive violence* refers to those actions which, by being left undone or by refusing to do them, can provoke physical or psychological harm.⁸¹This form of violence is often unique to WWDs because of their dependency on others such as caregivers. As such, Iglesias defines each of the passive components of violence as follows:⁸²

- Neglect that is of the physical kind is defined as being denied of the fundamental care that is needed to maintain a level of health and safety of a woman who has a disability. It is evident through an apparent neglect in personal carelessness, feeding, absence of supervision and disregarding any attempts at maintaining hygiene.
- Any action that refutes attention, respect or consideration towards a woman is termed as emotional neglect. It is manifested through non-acknowledgement of her existence, not according due value to her suggestions and a sense of shame with regards to her.

2.7 Legal and Policy Frameworks

There are a number of international, regional and national legal and policy instruments which aspire, in one way or another, to ameliorate and curb GBV in general, and GBV against WWDs, in particular. This section attempts to discuss relevant provisions of selected instruments from among those that are deemed to be most pertinent to the topic at hand. As such, general instruments having a broad scope as well as instruments of specified nature are being covered as follows.

⁷⁹ Ibid.

⁸⁰ Blanck, supra note 50

⁸¹ Ibid

⁸² Ibid

2.7.1 International Legal and Policy Instruments

A. Charter of the United Nations

An analysis of international instruments begins with the Charter of the United Nations, the very genesis of contemporary international law. The UN Charter, at its outset, lays down what could be said to be a central provision for, *inter alia*, the protection of the rights of vulnerable sections of society from violations and discriminations of their rights, hence stipulates that one of the cardinal purposes of the United Nations is: “to achieve international co-operation in solving problems of an economic, social, cultural or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction.”⁸³

With a view to attaining the purpose set by the foregoing provision, the Charter entrusts the largest organ in the structural arrangement of the United Nations - the General Assembly - with a role of initiating studies and making recommendations that would result in “promoting international co-operation in the economic, social, cultural, educational and health field, and assisting in the realization of human rights and fundamental freedoms for all”.⁸⁴

Despite the generalities manifested by its provisions (which of course is a characteristic feature of instruments of its sort), one can aptly assert that the UN Charter can indeed be used as a core reference on which to base claims advocating for the elimination of GBV and the protection and fulfillment of the rights of WWDs.

B. The International Bill of Rights

Commonly known as the International Bill of Human Rights, this body of human rights laws is comprised of three fundamental instruments; namely, *the Universal Declaration of Human Rights (UDHR)*—came into being in 1948, *the International Covenant on Civil and Political Rights (ICCPR)* and *the International Covenant on Economic, Social and Cultural Rights (ICESCR)* - both of which entered into force in 1966.⁸⁵ Together, these constitute an essential

⁸³International Court of Justice. *The Charter of the United Nations*, 1945, Art.1 (3). Available at: <http://www.icj-cij.org/documents/index.php?p1=4&p2=1&>

⁸⁴ *Ibid.* Art. 13 (1).

⁸⁵ Despouy, L. *Human Rights and Disabled Persons (Study Series 6)* New York: UN Publication, 1993, p.4.

normative basis on which international norms and standards specifically addressing issues of human rights and vulnerable groups have evolved.

The UDHR, which is the broadest of the instruments comprising the International Bill of Rights, contains multi-faceted provisions based, especially, on the principle of equal rights thereby providing a foundation for subsequent laws and resolutions introduced regarding, *inter alia*, women and PWDs. This can be understood from the very first provisions of the Declaration which states that “... all human beings are born free and equal in dignity and rights” and that “everyone is entitled to all the rights and freedoms set forth in the Declaration, without distinction of any kind, such as race, color, sex, ... or other opinion... national or social origin, property, birth or other status”.⁸⁶

Further, emphasizing the right of all, without distinction, to be recognized everywhere as a person equal in the eyes of the law, the Declaration reasserts the need for human beings to be entitled to an equal protection under law and for protection “...against any discrimination and any incitement to such discrimination”.⁸⁷ Similarly, Article 8 of the Declaration recognizes the cardinal right to an effective remedy in events where legally or constitutionally guaranteed rights happen to be violated. Quite often violated is the right of PWDs to create a family in many societies wherein disability is regarded as a hindrance in itself to marriage. This issue too is alluded to by the UDHR as yet another dimension of human rights violation that calls for legal protection.⁸⁸ Other points of interest to this research can also be found when we resort to looking at those provisions of the UDHR dealing with civil and political rights.

As stated by Article 21 of the declaration, it is clearly outlined that every individual is entitled to participate in governing his nation, either directly or through representatives who have been freely selected....and they also are entitled to equal access to render services that are public in nature to their nation. Seen from this study’s vantage point, the preceding provision, like the others already mentioned, happens to be inevitable due to the presence of a wide-range of GBV against PWDs in civil and political spheres which impedes their socio-economic and political involvement.

⁸⁶ United Nation. *The Universal Declaration of Human Rights (1948)*. Articles 1, 2, 3 and 6, Available at: <http://www.un.org/en/universal-declaration-human-rights/>

⁸⁷ Ibid. Article 6 and 7

⁸⁸ Ibid

Other set of rights as stipulated by UDHR is social and cultural rights, making the instrument one of the most, if not the sole, comprehensive document of its kind. In this respect too, the Declaration has addressed some centuries-old concerns of groups that are susceptible such as PWDs and women, and has patently stated that every member of society is entitled to social security and to the realization of socio-economic and cultural rights which are “indispensable for his dignity and the free development of his personality”.⁸⁹

Last but not least, the UDHR does not merely outline bundles of rights, but rather affirms also that everyone it envisaged has duties which s/he should discharge in efforts of realizing “the free and full development of personality”.⁹⁰ In carrying out such duties, the instrument says, one has to abide by the “just requirements of morality, public order and general welfare” of his/her respective State as well as by the relevant principles, in this regard, of the United Nations.⁹¹

The two other components of the International Bill of Rights – the ICCPR and the ICESCR – simply embark on elaborating the rights enshrined under their forerunner instrument just dwelt on above. Accordingly, the ICCPR contains provisions specifically reiterating and elaborating the civil and political rights enunciated by the UDHR, whereas the ICESCR does the same with regards to cultural, social and economic rights. Perhaps one possibly peculiar point worth mentioning as to these instruments is that apart from the sets of rights and duties they reiterate, both have incorporated annexes named ‘*General Comments/Recommendations*’, which are meant to be read in a synchronized manner with some particular provisions, the materialization of which might be questioned.⁹²

These Comments purport to indicate minimum pragmatic ways and pressurize States Parties to the Covenants to embark on the implementation of those provisions without outlining excuses for their failures to do so.⁹³ To briefly and selectively look at few of such Comments that are directly relevant to this research, General Comment No.3 of the ICESCR, for example, requires States to initiate steps that are targeted, deliberate and concrete within a time span that is considerably short following the entry of the Covenant and its coming into force within their

⁸⁹ United Nations, supra note 4. Article 22

⁹⁰ Ibid. Article 29(1)

⁹¹ Ibid. Article 29(2) and (3). Also see Article 30

⁹² United Nation, supra note 80

⁹³ United Nations, supra note 3. p.5. Also, “Compilation of International Norms and Standards Relating to Disability”; as posted in <http://www.un.org/esa/socdev/enable/rights/>.

respective countries. It also emphasizes that “even in times of severe resource constraint, the vulnerable members of society can and indeed must be protected by the adoption of relatively low-cost targeted programs.”⁹⁴By the same token, ‘affirmative action’ measures are also suggested in these Comments as ways to make-up for disadvantages undergone by vulnerable groups.⁹⁵ In order to materialize this, States are “required to take appropriate measures, to the maximum extent of their available resources, to enable such groups and persons seek to overcome any disadvantage in terms of the enjoyment of the rights specified in the Covenant.”⁹⁶This approach is also known as ‘progressive realization’ of rights. Another Comment addresses the need to make sure that support devices are made available for PWDs in order to enable them to augment their independence levels during their day-to-day living while exercising their rights in a meaningful manner⁹⁷.

As a concluding remark on the International Bill of Rights, the researcher would like to underline that the provisions enshrined under these general human rights protection instruments clearly show us that GBV, on one hand, and disability on the other, are surely topics where the significance of identifying the interdependence and indivisibility of fundamental freedoms and human rights is unusually sharp and evident. If PWDs are to become active and productive citizens of their respective nations, their civil, political, economic, social and cultural rights must indivisibly be recognized in order for situations to show improvements with respect of this highly disadvantaged section of society.

C. The Convention on the Rights of People with Disabilities

In 2007, the United Nations General Assembly adopted first ever legally binding convention dealing exclusively with disability. With the advent and global acceptance of the ‘Social Model’ of disability in the last two decades establishing the view that disability is primarily a social phenomenon as opposed to a health issue or a matter merely attached to an individual (a view known as the ‘Medical’ or ‘Individual’ Model), an internationally binding legal instrument called the CRPD came into being. Albeit it does not create brand new rights uncovered by previous international instruments, the CRPD did emerge with the most comprehensive set of rights

⁹⁴*General Comments on the International Covenant on Economic, Social and Cultural Rights*. Comment No. 5. Para. 15.

⁹⁵*Ibid.* Para. 5 and 9

⁹⁶*Ibid.*

⁹⁷ *Ibid.* Para. 33

applicable worldwide to PWDs, that ranged from equality, rights to life, privacy, expression, employment, education, habilitation and rehabilitation, health, social and political participation, social advantages, accessibility, independent living, recreation and also freedom from abuse, torture and discrimination⁹⁸. The Convention gives due emphasis to the widespread nature of disability-related discriminations and the need for its harmonized suppression by State Parties. A Committee of Experts was also established by the CRPD with a view to observe the implementation from an international level (founded in Geneva, Switzerland) while also facilitating independent national level monitoring mechanism to function⁹⁹. Thus, the provisions outlined by the Convention provide an authoritarian direction on the basis of which nations are expected to comply with their duties towards PWDs. On the basis of experience of nations which already have regulations in place with regards to disability has been instrumental in revealing that change occurs at a rapid pace when appropriate laws have been put in place¹⁰⁰. Subsequently, the Convention aspires to drive change and direct the transition and reforms in domestic regulations that ensure a fundamental non-discrimination and equality for PWDs, thereby bringing about inclusive development that changes the lives thereof. It is quite clear to the CRPD that PWDs come across as a heterogeneous group that comprise of people with a wide array of disabilities from a large variety of religious, social and ethnic contexts¹⁰¹. They also recognize that discrimination of any kind towards any individual that is based on their disability is a clear violation of the worth of the individual and their inherent dignity¹⁰².

Ethiopia became the 88th country to ratify of the CRPD in July 2010 and has enacted the Convention as part of the law of the land by virtue of Proclamation 676/2010.¹⁰³ Though not yet signed and ratified by as many countries as the Convention, the Optional Protocol to the CRPD also plays a major part in ensuring the effective implementation of the latter.

⁹⁸ United Nations. *Convention on the Rights of Persons with Disabilities*. New York: United Nations, 2007.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Ratification of the United Nations Convention on the Rights of Persons with Disabilities. Proclamation 676/2010

D. The Convention on the Elimination of Discrimination against Women

Adopted on 1981,¹⁰⁴ The Convention on the Elimination of Discrimination against Women is the international human rights treaty that is exclusively devoted to gender equality. As the CRPD does to the issue of disability, CEDAW provides a valuable and binding supplement to the International Bill of Rights (i.e., UDHR, ICCPR and ICESCR) on crosscutting themes of gender, thereby offering detailed guidance to States on the topic. The international human rights system's ideology on gender equality is expressed through this Convention¹⁰⁵. The often called "substantive" model of equality is embodied by CEDAW. The development of the substantive model of equality was developed when people were grappling with the disturbing impacts of the model of equality that was largely formal and existed within the legal orders of several nations¹⁰⁶. According to the formal model of equality, equality can exist when people are treated at par by the law. While this approach does involve a certain element of truth and justice, several of the most egregious examples of discrimination involved laws that directly singled out specific groups for second-rate treatment – this included *inter alia*, laws that restricted women from voting while allowing men to vote or restricted women from holding political office¹⁰⁷. But at the same time, there was a lack of comprehensiveness in the formal approach that enabled the creation of conditions that extended actual equality in the lives of women from one part of the globe to another, thus the need was for the evolution of an innovative approach that was founded on the actual conditions of women's lives irrespective of the jargons utilized within laws, as the correct scale to evaluate whether equality was achieved or not¹⁰⁸.

A state party to CEDAW is needed to take "every essential steps that is needed to eradicate any kind of discrimination against women" which includes but is not restricted to, upending laws that are pejorative, introduction of legislations and policies that are gender-sensitive, transforming attitudes, procedures and practices within governments, making sure that individual citizens and

¹⁰⁴ CEDAW was ratified by Ethiopia the same year it was adopted by the UN in 1981.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

private institutions refrain from discriminating women and altering cultural stereotypes that are detrimental¹⁰⁹.

Many a time, within regions where women have been seriously disadvantaged owing to the long-term effects of discrimination, might need laws that accord women – with equal treatment with men that is not just formal – but is also preferential in nature, or what was propounded under ICESCR as ‘affirmative action’ as discussed in previous sections of this Chapter.¹¹⁰ Here it is imperative to consider that the need for a broad spectrum of action by the state, CEDAW adapts to the State obligation theory where the international human rights system is considered as a whole and is informed accordingly. A three-fold obligation to respect, protect and fulfill human rights is held by state parties within each of the vital human rights treaties¹¹¹. The State is supposed to refrain from any activity or conduct of its own where human rights are violated in order to ‘respect’. In order to ‘protect’, violations by non-state actors needs to be prevented by state. Non-state actors would include individuals, groups and organizations. And with a view to ‘fulfill’, it is imperative that the state undertakes any initiatives that are required for the transition to fully realize human rights. Further, it has been explicitly implied by CEDAW that such responsibilities not just cover public life but also takes private life under its ambit.

From a historical standpoint, the biggest hurdle to achieve equal rights for women in several nations is due to the viewpoint that the state should refrain from meddling in the private matters of family relation. CEDAW is aware of the fact that when power relations are unequal in the private domain, it can critically contribute to gender inequality in every sphere of women’s lives. On this basis, CEDAW directs states to initiate steps that will rectify this imbalance in power¹¹². For instance, a vital obligation that the state has with regards to private life is to initiate measures that would make sure that women do not become victims of violence from their partners¹¹³.

E. Declaration on the Elimination of Violence against Women

The Declaration on the Elimination of Violence against Women was adopted in 1993, fourteen years after CEDAW came into force. Though a non-binding instrument, DEVAW has further

¹⁰⁹ CEDAW

¹¹⁰ CEDAW, Article 4. *Cf.* General Comment 3.

¹¹¹ *Ibid.*

¹¹² *Ibid.*

¹¹³ CEDAW General Recommendations, No. 19.

shaped and re-shaped some conceptual frameworks addressing women, as it was inscribed in a changing, post-Cold War international context.¹¹⁴ Focusing specifically on violence that women are subjected to, DEVAW posits that such violence is a result of historical masculine domination and a “manifestation of historically unequal power relations between men and women.”¹¹⁵ The declaration also debates that women who are subjected to discrimination by men and preventing the complete progress of women coupled with GBV, happen to be vital mechanisms through which women are coerced into a position that is subordinate as opposed to men¹¹⁶. In addition to building off of CEDAW (which made references only to forms of discrimination and gender equality), DEVAW came out with the first-ever definition of GBV. However, the non-binding status of the Declaration has unfortunately hindered it from having any potential legal weight at the international level.¹¹⁷

F. The Beijing Platform for Action

The United Nations Fourth World Conference that was held in September 1995 in Beijing, China was instrumental in the formation of the Beijing Declaration and the Platform for Action¹¹⁸. The platform indicated an improved commitment towards peace for all women, equality goals and development¹¹⁹. It was split into six distinct chapters and highlighted 12 vital areas of concern that were considered as the chief obstruction to political, cultural and socio-economic progress of women. These vital areas included, education and training, poverty, violence, health, economic participation, armed conflict, decision making and power sharing, institutions that focused on women, mass media, the girl child, environment and human rights¹²⁰.

The United Nations Division for Advancement of Women in October 1998, distributed a questionnaire to every Member State of the UN that required them to submit a report with regards to the implementation of the Beijing Platform. The responses that were generated indicated that other than some secluded instances where there was a marked improvement in the

¹¹⁴ Bazilli, S. A Brief Guide to International. *Canadian Woman Studies*, 20, 3(2000): 65.

¹¹⁵ United Nations, DEVAW, supra note 9, paragraph 6

¹¹⁶ Ibid.

¹¹⁷ Ulrich, J.L. Confronting Gender-Based Violence with International Instruments: Is a Solution to the Pandemic Within Reach? *Indiana Journal of Global Legal Studies*, 7, 2(2000): 629- 654.

¹¹⁸ The Advocates for Human Rights. *Beijing Declaration and the Platform for Action*. Minneapolis, MN, USA: The Advocates for Human Rights, 2007

¹¹⁹ Ibid.

¹²⁰ Ibid.

lives of women, progress in several instances were comparatively lower. The key restraints as indicated by responding nations showed that total implementation of the Beijing Platform was unsuccessful on account of poor rate of literacy, gender stereotypes and cultural beliefs and practices that were deeply ingrained and an absence of adequate resources which also included lack of skilled and qualified labor¹²¹. An outcome document was generated in March 2000, which reconfirmed the above said 12 areas of the Platform for Action as including steps to:¹²²

- Consider violence directed at women as a violation of human rights.
- Tackle the problem of honor killings.
- Control the trafficking of women and denounce the practice of exploiting girls and women for commercial objectives.
- Act to the impact of HIV/AIDS on the overall health and wellbeing of girls and women on an international level, especially in Africa.
- Widen the scope for credit availability including micro-credit and entrepreneurship.
- Highlight the need to mainstream gender within every institutions, economic policies and allocation of resources.
- Encourage the role of women in resolving conflicts and building peace, and also emphasize upon the role of men to promote equality amongst genders.

The outcome document reconfirmed the rights of women and the obligation of the international community in implementing the Beijing Platform.

2.7.2 Regional Instruments: Africa

A. The African Charter on Human and People's Rights

The African Charter on Human and People's Rights (ACHPR), or the 'African Charter', was adopted by the Organization for African Union (OAU) in 1981 and came in to force in 1986.¹²³ It is the first normative instrument for the promotion and protection of human rights in the continent. One peculiar feature of the African Charter is that it does not provide for the limitation, or 'derogation', of rights under any circumstances of emergencies and special

¹²¹ Ibid

¹²² Ibid.

¹²³ African (Banjul) Charter on Human and Peoples' Rights, Adopted 27 June 1981, OAU Doc.CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force 21 October 1986), Available at: <https://www1.umn.edu/humanrts/instreet/z1afchar.htm>

situations, except those found in Article 27(2) which stipulates that “the rights and freedoms of each individual shall be exercised with due regard to the rights of others, collective security, morality and common interest.”¹²⁴The Charter places obligations on individuals on an equal basis with those placed on Member States and encompasses all generations of rights enshrined under the international instruments discussed in foregoing sections of this paper. But it does not stop there. It goes further and embraces the unique African conception of human rights which are traditionally rooted in a collectivist understanding of humanity, human society and the individual human being.¹²⁵

Non-discrimination in enjoying Charter rights is guaranteed by Article 2 however, it does not categorically outline disability as a restricted base for discrimination. The Article reads:

Every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status.¹²⁶

Article 18 expressly addresses “women, children, the aged and the disabled as protected groups”.¹²⁷With regards to PWDs, an attempt is made by the African Charter to integrate components of Article 18 (4) which relates to the fact that PWDs are entitled to special steps of protection in view of their requirements which might be moral or physical¹²⁸. At the same time, Article 16 (1) also implies that every human is entitled to enjoy supreme states of mental and physical health that is achievable¹²⁹.

By necessitating states to undertake ‘special steps for protection’ which happen to be responsive to ‘moral and physical needs’ of PWDs, article 18 (4) strengthens the gap with formal equality and lays particular stress on equality that is substantive. Nonetheless, article 18 (4) groups

¹²⁴ Ibid. Article 27(2)

¹²⁵ **Van Reenen, T.P. *The UN Convention on the Rights of Persons with Disabilities in Africa: Progress after 5 Years, University*** of the Western Cape, Bellville, South Africa, 2007. p.5

¹²⁶ World Health Organization, Supra note at 41. Article 2.

¹²⁷ Ibid. Article. 18

¹²⁸ Ibid.

¹²⁹ Ibid. Article 16.

together PWDs with people who are aged thus joining the rights and conditions of two unique groups that in other circumstances should be considered on an individual basis¹³⁰.

B. The ‘Maputo Protocol’

While the ACHPR comprises of provisions that are directed at safeguarding women, it has been debated that protection that has been extended under the Charter only takes into account the family and not much protection is extended to women who fall beyond the ambit of a family¹³¹. Further, the African Charter has also been subject to arguments where it has been debated that the Charter was not successful in tackling the myriad issues related to women’s rights which include *inter alia*, inheritance by women, forced weddings and female genital mutilations¹³².

The need to have an additional protocol to the African Charter was affirmed by the OAU Assembly of Heads of State and Government in July 1995. An integrated Draft Women’s Protocol was presented by the Women’s Unit within the OAU and the Legal Council of the OAU in September 2000. In July 2003, the Draft was adopted on an official level in Maputo, Mozambique, as a Protocol to the African Charter on Human and Peoples' Rights in Maputo, Mozambique, hence is also known as the Maputo Protocol.

It has been argued by many that the Maputo Protocol can be authentically viewed as a pure African instrument that went way beyond the CEDAW¹³³. The terms of ‘discrimination against women’, ‘harmful practices’ and ‘violence against women’ have been defined by Article 1 of the Maputo Protocol¹³⁴. All the said three definitions were expansive enough to take under its ambit not only the impact of differential treatment but also takes into account the objective of this kind of treatment while defining the act of discrimination against women.

The protocol goes a step ahead by not just restricting itself to the application of social, cultural and economic rights to women but also by taking into account the particular impact that it can have on women. Thus it implies that States should “create conditions to promote and support the

¹³⁰ Ibid.

¹³¹ World Health Organization, *supra* note 41. Article 2 *cum* Article 3 *cum* Article 18(3)

¹³² Nsibirwa, M.S. A Brief Analysis of the Draft Protocol to the African Charter on Human and People's Rights on the Rights of Women. *African Human Rights Law Journal*, 1, 1 :(2001), p. 41.

¹³³ Ibid

¹³⁴ African Charter on Human and Peoples' Rights, a Protocol to the Rights of Women, Maputo, Mozambique (2003). Article 1 (d) (e) (h)

occupation and economic activities dominated by women, in particular, within the informal sector”¹³⁵ and “encourage the establishment of a system of protection and social insurance for women working in the informal sector.”¹³⁶ The Protocol, in addition, states that women shall have the right to fully enjoy their right to sustainable development.¹³⁷

In general, the Maputo Protocol addresses most of the problems that women in Africa are facing, albeit it may be said to have set out goals that might be difficult to attain by ratifying States. All provisions of this Protocol are, *mutatis mutandis*, applicable to WWDs as well.

C. The Draft African Disability Protocol

Apparently drawing lessons from the Organization of American States, which is the only regional entity of its kind with a disability-specific instrument equivalent to the CRPD, the African Commission initiated a process of adopting the first African Protocol on the Rights of Persons with Disabilities. This process is still underway and an official version of the Protocol is yet to be publicized, thus the researcher would refrain from making speculative comments about proposed Protocol. Nonetheless, there is no doubt whatsoever that this Protocol, if and when adopted, would mark an unprecedented progress in the way disability is addressed on the African continent, at least in terms of legal and policy frameworks.

2.7.3 National Instruments and Policies

A. The Federal Democratic Republic of Ethiopia Constitution

The 1994 Constitution of the Federal Democratic Republic of Ethiopia (FDRE) manifested a clear departure from all of its predecessors by introducing contemporary and inclusive human rights provisions that amplify the rights of women and PWDs, among other sections of society. The Constitution does so, first of all, by way of legitimizing the domestic applicability of all binding international human rights laws ratified by Ethiopia, and this includes, and as previously mentioned, CEDAW and CRPD.¹³⁸

¹³⁵ Nsibirwa, *supra* note, 126

¹³⁶ *Ibid.* Articles 13(e) and (f)

¹³⁷ *Ibid.* Article 66

¹³⁸ *Constitution of the Federal Democratic Republic of Ethiopia*, 1995, Article 9(4) *cum* Art. 13(2)

The FDRE Constitution through its Article 25, declares that every individual stands equal before the law and have the right to equal protection from the law without being discriminated on the basis of sex¹³⁹. Equal rights to women have been provided by Article 34 as compared to men in family matters and marriage. While Article 35 takes into consideration all problems faced by women, while emphasizing on protection and granting equal rights to women from all walks of life. It also explicitly prevents laws and cultural practices that are detrimental to women¹⁴⁰. Likewise, disability is expressly mentioned in this Constitution, making the later one of the most exemplary human rights-oriented Constitutions in the entire continent. Article 41 addresses the economic, social and cultural rights of PWDs and says that “the State shall within available means, allocate resources to provide rehabilitation and assistance for the physically and mentally disabled, the aged, and children who are left without parents or guardian.”¹⁴¹

B. Other Relevant National Laws and Policies

In addition to the Constitution, the rights of women and PWDs are stipulated here and there in various national laws and policies. To mention but a few major instances, the Federal Civil Servants Proclamation, under Article 13, talks about job placement guided by the principle of non-discrimination that visibly encourages female and workers with disabilities.¹⁴²

In 2008, Ethiopia adopted an employment legislation exclusively covering PWDs.¹⁴³ Another important law is the Building Proclamation No. 624/2009 which, under its Article 36, demands that “any public building shall have a means of access suitable for use to physically impaired persons including those who are obliged to use wheelchairs and those who are able to walk but unable to negotiate steps. Where toilet facilities are required in any building, adequate number of such facilities shall be made suitable for use by physically impaired persons and shall be accessible to them.”¹⁴⁴ Proclamation 691/2010, i.e., the Proclamation to Provide for the Definition a Power and Duties of the Executive Organs of the Federal Republic of Ethiopia, is also yet another legal instrument of crucial relevance. Article 10 of this Proclamation, which dwells on common powers and duties of government ministries, instructs all ministries to

¹³⁹ Ibid. Article 25

¹⁴⁰ Ibid. Article 35

¹⁴¹ Anello, Supra Note 56. Article 41(5)

¹⁴² The Federal Civil Servants Proclamation, Article 13(3)

¹⁴³ Proc. 568/2008

¹⁴⁴ The Building Proclamation of the Federal Democratic Republic of Ethiopia (FDRE), No. 624/2009

facilitate suitable conditions such as equal opportunities and participation to PWDs. Moreover, the same Proclamation has, under Article 30, entrusted MoLSA to follow up the implementation of the rights of PWDs, as well as the Ministry of Women, Children and Youth (MWCY) to closely follow-up on matters pertaining to women. Accordingly, both MoLSA and MWCY have interrelated and integrated responsibilities on several crosscutting matters of gender and disability. The Government of Ethiopia with particular reference to women has setup a National Program of Action with the objective to widen the scope for education and employment opportunities for women, enhance the access to healthcare by women and inform them about conventional practices that are harmful and unhealthy.

In 2000, a new Family Law came into being, repealing most discriminatory provisions of the 1960 Civil Code and putting in place provisions that more or less protect and promote women's human rights. Similar was the case with the new Criminal Code of 2005 as well. The Women Policy is also another good example.

In terms of institutions, there are primarily two institutions vested with duties to follow-up on the implementation of national laws and policies on human rights; namely, the Human Rights Commission and the Office of the Ombudsman. The Ethiopian Human Rights Commission was established through Proclamation 210/2000, which provides for substantive contents to redress victims. The Commission's duties and powers are focused on ensuring that freedoms and human rights identified by the FDRE Constitution is valued by all state organs, citizens, organizations that are political in nature, various associations and also by officials that represent them¹⁴⁵.

The other institution, the Office of the Ombudsman, was established by Proclamation No. 211/2000. The Office considers cases concerning protection of human rights violations stemming from administrative organs. Article 6(1) of the Proclamation states that the Office of the Ombudsman "shall have powers and duties to ensure that directives and decisions given by executive organs do not contravene the Constitutional rights of citizens." Meanwhile, even though both the Ethiopian Human Rights Commission and the Office of the Ombudsman are mandated to promote, protect, investigate complaints, and advise the relevant administrative

¹⁴⁵ A Proclamation Establishing the Ethiopian Human Rights Commission, Proc. No. 210/2000.

authority on human rights issues, the establishment proclamations of these institutions do not mention disability, but do explicitly dwell on issues of women and children.

Having seen all these legal and policy frameworks at international, regional and national levels, the fundamental question is now: to what extent are these instruments and mechanisms being translated into tangible actions on the ground? The subsequent chapters of this thesis will provide answers to this question, based on findings of the case studies undertaken by the research.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Description of the Study Area

About three million people are currently living in Addis Ababa. According to Country Profile on Disability in 2010, 70,936 people with disabilities were living in the city.¹⁴⁶ There are different associations of people with disabilities in Addis Ababa: Ethiopian Federation of persons with Disabilities, Ethiopian National Association for the Deaf, and Ethiopian National Association for the Blind, Ethiopian National Association for the Physically Disabled, Ethiopian National Association for Leprosy Patients, Ethiopian National Association of Women with Disabilities and Ethiopian National Association for Intellectually Disabled. On the other hand there are different governmental and NGOs that work in the protection and promotion of the rights of women in general and those women with disabilities in particular, such as, Ministry of Labor and Social Affairs ,the Ethiopian Women Lawyers Association (EWLA),Handicap International, Addis Ababa Women, Children and Youth's Affairs Bureau, and others.

Among these associations, the study included women with disabilities members of the Ethiopian National Association for the Blind and Ethiopian National Association of Women with Disabilities. The target groups were those women members who were either visually impaired or that had physical disabilities. As to the other stakeholders, this research incorporated professionals working in advocating women's and people with disabilities' rights from the organizations and associations mentioned above.

3.2 Research Design

The researcher used qualitative method in view of exploring and studying violence that was gender-based directed towards women with disabilities in selected associations of people with disabilities in Addis Ababa. That is because the qualitative research is useful to explain human systems and their subjective aspects of behavior.¹⁴⁷ Qualitative research is specially important in the behavioral sciences where the aim is to discover the underlying motives of human behavior.

¹⁴⁶ USAID, Supra Note 2

¹⁴⁷ Bogdan, R.X. and Biklen, S.K. *Qualitative research for education; an introduction to theory and methods*, New York: Pearson Education group, 2003, pp. 110-120

¹⁴⁸Furthermore, a qualitative research provides a deep insight of human perception. A qualitative research and its findings are important in giving voice to the unheard/disadvantageous group of the society. In addition, by executing a research that is qualitative in nature it is also possible to lay emphasis on procedures and meanings that have not yet been experientially evaluated or scaled from the context of amount, quantity, frequency or intensity¹⁴⁹. Hence, in this case, studying instances of violence against women with disabilities that are gender based in the selected associations found in Addis Ababa, requires the understanding of the impact of gender-based violence, awareness of women with disabilities about the gender based violence, challenges they faced and coping strategies they used while solving the problems. The researcher believed that qualitative research methodology was more appropriate to the research conducted.

3.3 Sampling Technique

A non-probability method for sampling was used with a view to realize the specific objectives of the research. On the basis of the non-probability method of sampling, sampling that was purposive was deemed as the most suitable approach to execute this study. Owing to this fact, the method of purposive sampling was deployed on selected respondents who were directly related to the particular study issue and who were more eager to share their understanding and experiences. On the basis of the above, the following participants were selected and included within this study. The participants involved; ten in-depth interview participants from one association and fifteen from the other. Hence, a total of twenty-five women with disabilities participants, twelve participants from stakeholder groups and seven FGD respondents. As a qualitative research it was important to use a small number of participants. Hence, the two Associations were represented well.

3.4 Data Collection Technique

The researcher used a qualitative method to examine gender-based violence against women with disabilities in selected associations found in Addis Ababa. Hence, the necessary information was collected by using different qualitative data gathering strategies:

¹⁴⁸ C.R Kodhari/Research Methodology Methods, Published by The New age International2004

¹⁴⁹ Welman, C., Kruger, F. and Mitchell, B. *Research Methods*. (3rd ed.). Oxford Southern Africa: Cape Town, 2005

In-depth Interview

The research employed semi-structured interview as a tool to gather data. Semi-structured interview was found to be more suitable for the study for it allowed the interviewer to ask the same question more than twice till the interviewee was clear with it and ready to share her experience. In other words, in semi structured interview, the interviewer had the freedom to probe the interviewee to elaborate on the original response to guide her to do in-depth analysis.

Accordingly, 25 women with disabilities (physical disability or visually impaired) who are either members of the Associations of Ethiopian Women with Disabilities and for the Blind were included in the in-depth interview. A total of 12 individuals have been interviewed from the Ethiopian Women with Disabilities National Association, ENAB, Addis Ababa Women Affairs Bureau, MOYCA, Addis Ababa Bureau of Labor and Social Affairs Bureau, MOLSA Bureau, Handicap International, EWLA, Human Rights Commission and two sub city police units.

The researcher interviewed each participant taking up to 30-60 minutes one at a time. The second round interview was conducted whenever it was necessary to do so. Based on the consent of the interviewee, the interview was recorded and transcribed later for analysis.

Focus Group Discussion

The Focus Group Discussion was conducted with members of women with disabilities Association. That enabled to answer the research questions. Moreover, utilizing FGD helped to obtain stronger and well-discussed information. The other advantage of applying FGD was to help understand variations among the members of discussants. As a result, the study had seven FGD respondents (members of EWDNA). The relevant discussion was recorded and a note book was used to minimize loss of information. The process of recording was only done with the permission of the respondents.

A focus group discussion was conducted among seven women with disabilities who were members of Ethiopian Women with Disabilities National Association.

3.5 Ethical Consideration

Since the issue of GBV is a sensitive one, the researcher was considerate with the data collection procedures. Hence, the right to privacy of the respondents was respected. No voice recordings were conducted without their consents. Their names are not disclosed in anyway. The interview place was only open for the interviewer and the respondent. Similarly, the researcher created a friendly environment so that trust would be built. In general, all interviews were conducted with informed consent.

CHAPTER FOUR: FINDINGS AND ANALYSIS

4.1 Introduction

The general objective of the study is to explore the different types of GBV women with disabilities face, by focusing on the Women Members with Disabilities of the Ethiopian National Associations for the Blind and Ethiopian Women with Disabilities National Association.

This chapter is presented in a way that the research questions are answered. As a result, the first part is about the socio demographic characteristics of the participants. The second part deals with the types of gender based violence women with disabilities face. The third part focuses on the causes of gender based violence against the women with disabilities. The fourth part is mainly about the coping strategies women with disabilities use to deal with the problem of GBV. Followed by the challenges stakeholders experience in the implementation of legal instruments and policies. Lastly, the implication of the finding is stated.

The study was carried out in Addis Ababa using qualitative data collection methods. The interview has been discussed based on explanations were given based on the collected data.

4.2 Socio-Demographic of the Respondents

A total of 43 individuals were involved to conduct in-depth interview, key informant interview and focus group discussions. The age of participants ranged from 19 to 35, while the median age of the study participants was 27. As to the educational status of the participants, it varied from illiterate to Master degree holders. Out of the twenty five women interviewed 21 were victims of violence. The employment status of the in-depth interviewees range from unemployed 12 to self-employed 3 and the employed were 10. There is high correlation of high educational level with employment. With regard to marital status 20 out of the 25 were single, 3 were married and 2 were divorced.

With regard to disability, 15 out of the 25 of the in-depth interviewees were visually impaired and the remaining 10 had physical disability (some were using wheel chairs others were using wheel chairs few had difficulty of moving from one place to the other). The participants of the in-depth interview were all women with disabilities that are members of either ENAB or EWDNA.

Table 1: Demographic Characteristics of the In-Depth Interview Participants

Description	Age	Marital Status	Educational Level	Employment Status	Type of Disability
Participant 1	22	Single	10 th complete	Unemployed	Visually Impaired
Participant 2	22	Single	2 nd year College	Unemployed	Visually Impaired
Participant 3	19	Single	12 th grader	Unemployed	Visually impaired
Participant 4	25	Single	11 th grade complete	Unemployed	Visually Impaired
Participant 5	25	Single	1 st year college	Self employed	Visually Impaired
Participant 6	26	Divorced	BA in literature	Unemployed	Visually Impaired
Participant 7	25	Single	2 nd year college	Self employed	Visually Impaired
Participant 8	21	Single	12 th grader	Unemployed	Visually Impaired
Participant 9	26	Married	Diploma in BIS	Employed	Physical Disability
Participant 10	29	Married	BA in Sociology	Employed	Visually Impaired
Participant 11	20	Single	1 st year college	Unemployed	Visually Impaired
Participant 12	28	Single	BA in Sociology	Employed	Visually Impaired
Participant 13	27	Single	10+2 complete	Unemployed	Physical Disability
Participant 14	35	Single	BA	Employed	Physical Disability
Participant 15	27	Single	BA	Employed	Physical Disability
Participant 16	30	Married	BA	Employed	Visually Impaired

Participant 17	29	Single	MA	Employed	Physical Disability
Participant 18	21	Single	Illiterate	Unemployed	Physical Disability
Participant 19	30	Single	12 th grade complete	Unemployed	Physical Disability
Participant 20	29	Single	12 th grade Complete	Employed	Physical Disability
Participant 21	25	Divorced	1 st degree	Employed	Physical Disability
Participant 22	21	Single	10 complete	Unemployed	Physical Disability
Participant 23	19	Single	12 th grade	Unemployed	Visually Impaired
Participant 24	29	Single	BA	Employed	Visually Impaired
Participant 25	30	Single	12 th grade complete	Self-employed	Visually Impaired

Eleven organizations were selected purposefully that have direct relationship with WWD and legal policy and implementation bodies. Five respondents were male and six of them were female. Their position in their organization ranges from officer to directorate director and manager. Their educational background shows that two have Master of Arts; ten have Bachelor of Arts whereas one is a diploma holder. All of them had a semi-structured interview.

Table 2: The Demographic Characteristics of the Representatives of Selected Organizations

Description	Name of organization	Sex	Position	Educational Background
Representative 1	Addis Ababa Women, Children and Youth Affairs Bureau	M	Research, Project and Training Officer	MA
Representative 2	Ministry of Women, Children and Youth Affairs	M	Legal Service Directorate Director	1 st degree in Law

Representative 3	Ministry of Justice	F	Public Prosecutor	Educational Background
Representative 4	Ethiopian Human Rights Commission	F	Care and Support Expert (women & children unit)	1 st degree in Law
Representative 5	FDRE Institute of the Ombudsman	F	Women, children and disability affairs Directorate	MA
Representative 6	Ethiopian Human Rights Commission	M	Public Prosecutor	1 st degree in Law
Representative 7	Ethiopian Women with Disabilities National Association	F	Social Worker	BA in Sociology
Representative 8	Ethiopian National Association for the Blind	M	Public Relations	1st degree in History
Representative 9	Handicap International	F	Project Officer	BA in Sociology
Representative 10	Ethiopian Women Lawyers Association	F	Program Coordinator	1 st degree in Law
Representative 11	Nifas Selk Lafto Sub city Police Station	M	Crimes against Women & Children Investigation Unit manager	1 st degree in Law
Representative 12	Kirkos Sub-City Police Station	F	Crimes against Women & Children Investigation Unit manager	Diploma in Law

There were seven Focus Group Discussion participants that are members of EWDNA. Two of them were visually impaired whereas five had physical disability. Their educational level ranges from 10th grade completion to Post graduate (MA) A total of 5 representatives' fall under the women with physical disability category whereas 2 representatives were visually impaired.

Table 3: The Demographic Characteristics of the FGD Participants from EWDNA

Description	Age	Marital Status	Educational Level	Type of Disability
Participant 1	30	Married	12 th Complete	Physical Disability
Participant 2	28	Single	BA	Visually Impaired
Participant 3	27	Single	1o+2 complete	Physical Disability
Participant 4	29	Single	MA	Physical Disability
Participant 5	30	Single	MA	Physical Disability
Participant 6	29	Single	BA	Physical Disability
Participant 7	23	Single	10 th complete	Visually Impaired

4.3 Types of Gender-Based Violence Women with Disabilities Face

This section discusses violence faced by women who had disabilities who were either visually impaired or with physical disability. Several participants had stated that the society discriminated them based on their disabilities. A majority of the participants stated that they are highly discriminated in the society. Majority of the respondents stated that they were treated badly or discriminated because of their disability.

When I was a child, my family used to hide me whenever we have visitors. Last week, I was going to merkato (a known market place) and was trying to catch a bus. Unfortunately the bus driver didn't allow me to get into the bus. Amazingly everyone was begging him to let me in. He refused

and left without me, I was very sad and even preferred to die that day. (Participant 22, with physical disability)

I have been discriminated. I once went to a well-known Musical School to get registered to learn playing the violin. Unfortunately I was discriminated and was told NO. That is not for you. The reason was because of my disability....you don't have a nice leg to show while playing the violin. AS you see my leg is artificial. (Participant 13, with physical disability)

Visually impaired participants stated that their marital lifestyle was questioned by the society which had beliefs that visually impaired women could not marry a non-visually impaired person. The society even deemed women with disabilities as useless and are provoked to be less important with their role in the community. Many of the participants stated that their disabilities were the centre of attraction for people in the society and were discriminated to a great extent. Most often, the society considers women with disabilities to be inferior. The kinds of discrimination had driven some participants to discontinue their education since they are discriminated to a greater level. Even economical and psychological pressure was expended onto them which made them suffer high levels of stress physically and mentally. As far as the perception of the respondents of societal attitude towards people with disabilities in general and WWD in particular is concerned, two of them stated that there is positive outlook whereas 16 out of the 25 stated negative attitude is prevalent among society. Only Five stated a mixture of both positive and negative attitudes are exhibited whereas one is not sure about the societal attitude.

On transportation, we are usually left out. Very recently we organized ourselves in a group and we get registered to get a chance of working as cleaners of the public toilet rooms. We contributed money and we were waiting for their response. Unfortunately, we were told you are not capable to do the job. We were discriminated like this by the Gulele sub city water administration. (Participant 25, a visually impaired woman)

I have been discriminated because of my disability especially in relation to labor division in the office they always tell me you can't do this you can't do that. Similarly they discriminate me when there is educational chances to be given to employees. (Participant 16 who is visually impaired)

I couldn't join the natural science stream or even work according to my preference, it is very difficult for us to find job. We are usually being told" it is not a good job for you." Or "you fulfil the requirements but we don't have enough budget to hire a secretary or interpreter for you.(Participant 6 who is visually impaired)

The most common type of violence is from men who want to trick me.They are some who tried to give me a small amount of money so that I will sleep with them. They have a wrong impression that women with disabilities are the poorest of the poor and are ready to have sex despite the amount of money offered. (Participant 11)

Few of the participants stated that the situation had changed a lot and the society is now caring about women with disabilities. Other views on care of the society in treating women with disabilities were better these days. For instance one participant explained that she was allowed to proceed forward without standing in the queue whereas another participant conveyed that the society does have a positive attitude in managing people with disabilities especially women.

Once the man that I know well was using force to rape me.I was saved by close people nearby. There are others who try to harass me on the street what we commonly known as "lekefa" and the moment they see I am a woman with disability. They apologize.....as if it is a privilege given to women without disabilities. That hurts. There are others who ask me, when are you getting better? Or feeling better? There are others who tell me I want to meet you alone. (Participant 13)

They don't think we can earn our living. Most of the time they consider as we always depend on others to live. There are even people who associate disability with begging. That has affected us adversely. (dependency) They don't understand the help we need and we don't. It is even worse when it comes to women with disabilities, they don't think we are productive at all. How can they give birth and raise a child? How can they manage their house? When it comes to employment opportunities, people think that that we got the job because our employers gave as a favor, not based on our capacity. We are also treated us if we are not capable of taking part in social life activities. For instance I have been told you are not required to show up for funnels.

“አሁን አንቺን ማን ይቀየራል?” We will not consider that you did something wrong even if you don't show up. I can't deny there are some changes but a lot of work is needed. (Participant 12)

The attitude of the society is divided into two in my eyes. There are some with good/positive. On the other hand, there are some completely opposite to that. I used to sell lotteries to support myself. There were people who transact with me honestly. There are others who cheat me. There are others who try to take advantage after helping me to cross the street. (Participant 8)

As defined in previous chapters, gender based violence happens based on one's gender roles, responsibilities, expectations, privileges, and limitations. It is a human right violation. It is categorized into sexual, physical, economical and psychological ones. Among the twenty five participants interviewed, most of them suffered from severe verbal abuse that severely affected their physical as well as mental well-being. Among the women with disabilities interviewed, only four never experienced violence. Majority of the study participants passed through violence during childhood, youth or adulthood life. Four of the study participants expressed that they had been physically violated. This included pushing, slapping, kicking, choking, using weapon. Few of them stated that they experienced psychological violence that included insulting, ignoring, yelling, isolation, and humiliation; whereas some of the women reported that they were violated sexually. This included rape, unwanted touching, unfaithfulness, false accusation and forced sex. Only few women encountered economical/financial violence. None of the respondents said there was a repeated economical violence.

Most of the participants interviewed had stated that they had suffered from some form of violence in their past. A majority of the participants had implicitly and explicitly conveyed that they were sexually abused in the past.

I felt sorry when people say that nobody isn't interested to enter in to a serious relationship with us. They also have a wrong impression that we are free from HIV-AIDS. (participant 3 a woman with a physical disability)

Some had taken advantage of them and used them as a means to satisfy their needs. Many of the participants had stated that they had been violently treated by strangers. Their impairments proved to be advantageous for strangers. Other few participants disclosed that they had suffered

from sexual violence, specifically being touched in their private parts. Very few of the participants stated generally that they have faced physical violence in the past. The type of attack they had experienced were in the form of pushing, slapping, kicking, choking, using weapon and insulting in public

The responses of the representatives unveiled the fact that women with disabilities suffered from some form of violence. Two key informants stated that there are cases of GBV with disabilities in which proper legal measures were not given. Both representatives stated that because of lack of evidence and withdrawal of the victims some cases were not properly handled. Four of the representatives stated that women with disabilities had psychological, physical and social disturbances. In addition, three representatives had stated that GBV is a violent act and is predominantly evident in women with disabilities. This research resonates with the fact that the primary issues faced by WWD individuals are not only their specific impairments but also the social stigma, reduced access to resources, and poverty that limit their full potential. The social context of disability, including factors such as inaccessibility, reliance on support services, poverty and isolation, has a powerful impact on individuals' increased risk for violence.

Similarly, the outcome of the FGD has shown that GBV against women with disabilities is a serious issue. The participants were clear on their understanding of gender based violence and discrimination. Two of the participants stated that GBV is any form of violence (sexual, psychological and physical) that is imparted on women.

Some of the participants explained that sexual violence is one predominant form of violence existing in the society. One participant elucidated that when a girl is born or turns into a woman, the issues on GBV arises. She also adds up that GBV begins from neighbourhood to society and women with disabilities were affected a lot. Other forms of violence such as psychological violence are implicitly stated by one participant who stated that women with disabilities are discriminated in the society which affects them mentally. They are vulnerable in the eyes of people, which lead to GBV states another participant. 3 of the representatives pointed out that they are considered as vulnerable and inferior to the society. One participant disclosed the high levels of abuse and risk of sexual assault posed by women with disabilities

With regard to the types of violence against women with disabilities, few of the participants stated the experiences that their friends have faced which included rape cases, physical and sexual harassment, and verbal abuse. One participant had witnessed GBV in her work where no one ever cared listen to her story. She also added that people called her with bad names and discriminated her as if she is some creature not belonging to the society. The other parts of the society never believe that women with disabilities are vulnerable to GBV. This shows evidence that women with disabilities had suffered violence in the form of physical, sexual, psychological or sexual assault at least once or twice in their lifetime.

Table 4: Types of Violence against the Women with Disabilities

Description	Physical violence	Sexual violence	Psychological violence	Economical violence
Participant 1	-	Unwanted touching, attempted rape	Insulting, Threatening,	
Participant 2				
Participant 3			Left out/ discriminated	
Participant 4	Beating	Harassment on the street by strangers	Threatened with a knife	
Participant 5		Harassment on the street by strangers		
Participant 6			Belittling, insulting	
Participant 7		Unwanted touching, rape		
Participant 8		Unwanted touching		
Participant 9		Attempted rape		
Participant 10				
Participant 11			Threatened to have sexual intercourse	
Participant 12		Unwanted	Belittling, insulting	

		touching, attempted rape		
Participant 13		Sexual harassment	Belittling, insulting	
Participant 14			Belittling	
Participant 15				
Participant 16		Unwanted touching		Property destruction
Participant 17				
Participant 18				
Participant 19		Unwanted touching, rape	Belittling, threatening	
Participant 20	Beaten with a stick.		Insulting	Property destruction, wasting money on alcohol.
Participant 21(has faced a violence, but did not want to share)				
Participant 22		Unwanted touching, rape		Property destruction , taking away private property
Participant 23		Attempted rape	Belittling, insulting	
Participant 24				Threatening
Participant 25	Pushing	Attempted rape		

4.4 Causes of Gender-Based Violence against Women with Disabilities

The available data, though scarce, also shows that there is a higher rate of violence against women with disabilities than against men with disabilities.¹⁵⁰ Violence against women and girls with disabilities is not just a subset of gender-based violence: it is an intersectional category dealing with gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities.

There are many factors that multiply GBV. As stated in the previous chapters, the causes of GBV vary depending on the types of violence and include, but may not be limited to, poverty; negative societal attitudes; disability; absence of laws and policies as well as poor implementation of the existing ones.¹⁵¹ However, according to the respondents, some of them think this is due to ignorance or lack of awareness; few of them think it is due to taking advantage of the weakest side of people, majority of them believe that this is due to wrong societal attitude; others attribute it to their poverty and dependency on others; while many of them think this is due to their gender or disability that prompted others to violate them.

In addition to the causes, there is a need to state who is responsible for gender based violence against women, especially on women with disabilities. Though men ought to be the sole responsible actors for violence against women, it is discerned that the different role they play in the society share significance in the study. Power based influences also affect the lives of women with disabilities. Some of the participants stated that they had bad experiences with strangers. Majority of the participants suffered from threatening scenarios by strangers and some even stated that strangers followed them to their home. On the contrary, one of the participant disclosed that she had been helped by a stranger who took real care in taking her to a hospital. Similarly, another participant also stated that a caring neighbour helped her during the times of distress and even facilitated to get her a wheel chair with the assistance of some NGO; however, the same participant too had bad experiences with strangers. Other participants were psychologically affected by the views of strangers who conveyed negative points about their visual impairment or physical disability.

¹⁵⁰First National Study on Crime against Persons with Disabilities, Department of Justice, Office of Justice Programs, US, 2009.

¹⁵¹MelakMengistab, Addis Ababa University, School of Graduates Studies, Center for Human Rights, Gender Based Violence against Female University Students in Ethiopia: The case of Bahir Dar University(2012)

Identifying who the perpetrators are, majority of them stated that strangers are their main violators; few of them stated people in the government system, some of them also stated a partner of ex-partner was responsible for the violation, still another few stated family members or friends; some of them stated neighbours and the community in general whereas two of the participants would not want to disclose the identity of perpetrators, none of the respondents made themselves responsible for the violation acts.

The major cause of gender-based violence is related with the negative attitude of the society. The society suffers from lack of better attitude towards women, people with disabilities and the lack of awareness to guiding such a vulnerable population. Some of the participants have even stated that poverty could also be a causative factor for gender-based violence. Participants generally stated that some strangers voluntarily helped them cross roads or get a taxi. However, they in turn teased them by inappropriate touching. Some strangers even followed them to their home, threatened them and even raped them. This shows the lack of awareness in the society in treating women with disabilities.

Among the total of twelve representatives, many of them stated different reasons that aggravate GBV against women with disabilities. These include disability, gender inequality, lack of awareness, and lack of evidence, negative attitude lack of counseling services and the need for support from others. People in the society take advantage by manipulating women with disabilities which shows poor attitude. According to the representatives, some of them pointed out women with disabilities were a vulnerable and marginalized group of the society. Also, one of the representatives stated that women with disabilities had the high risk of abuse and another representative reported that their social status was low. Finally, another representative stated that women with disabilities were very detached from the society. The detachment may increase the chances of violence against them.

The participants of the FGD were asked the causes of GBV. Majority of the participants stated that lack of awareness and poor attitude to be the main reasons. Few participants disclosed that there is a wrong thinking that women with disabilities are free from HIV-AIDs. One participant stated that lack of proper governmental policies is a major causative factor for GBV. Women keep silent though they are affected in many situations. This becomes feasible for perpetrators to

engage in more high level crimes which are associated with the welfare of women. Other factors that aggravate the condition are lack of awareness and the predominance of poverty. Few of the participants discerned that women with physical or visual impairments require physical aids such as the braille and wheel chair. Some people consider this as a chance as if helping them; they reach them closer and violate their rights. Society considers them as a lesser human being.

4.5 Coping Strategies that Women with Disabilities Use to Deal with GBV

Participants were asked to identify the coping strategies they had used to avoid GBV. Participants were also questioned about the methods they have used to deal with GBV. Accordingly, majority of them stated that they shared their encounters to family members or friends, very few reported to police or other law enforcement organ; some shared with their boyfriends and on the contrary some of them did not share with anyone.

Some of the participants responded that they avoided asking help to strangers after violent experiences they had encountered. They have decided to never ask for assistance of strangers and have even advised other fellow women to be careful. For instance one of the participants stated that she had not conveyed such incidents to family or friends and kept it as a secret. Whereas many participants acquired advice from friends and the members of their family.

Discussing about how the residual effects of the violence, one had physical damage, suffered from sexually transmitted diseases including HIV and another one suffered from sexual related problems, whereas many of them had psychological traumatic experiences resulting in hating themselves, living without trust and sadness. However, few stated they did not observe any residual effect in their lives.

Talking about actions they have taken to deal with effects, one stated that they have addressed their case through the legal system and another one had taken health checkup and got medical treatment. However, none of them got psychological treatment except sharing with others. This shows that many of GBV against WWD are not reported and addressed through legal systems.

The law provides protection for women with disabilities however it seems there is a gap in the usage as well as the implementation by law enforcers. In addition to protecting laws and policies, there should be centers that provide psychological services for those who feel depressed, isolated, emotionally stressed. WWD may suffer from low self-esteem due to their perception of impairments. Adding social factors to that aggravates their psycho-social functioning. This is assumed to increase their coping mechanisms.

According to the FGD participants, the coping strategies that these participants had utilised to minimize violence are completely based on self- safety. Three of them stated that most women with disabilities do not seek for help from the society due to the bad experiences that they had faced previously. They had been cautious in their activities. One participant disclosed the methods she imparts when riding with a stranger wherein if the behaviour of the person is found to be not good, then she simply asks the person to stop the car as her destination is reached. One participant even described the danger of walking alone in the streets, especially long distances wherein a family member or a friend is required for assistance and safety. All the inferences of the participants conclude that their coping strategies are completely based on safeguarding them in the society. All of the FGD participants stated that women with disabilities are vulnerable to violence and abuse.

4.6 Challenges Stakeholders Experience in the Implementation of Legal Instruments and Policies

All of these organizations/Associations believe that both disability and rights of women are major concerns; and all the respondents have proper understanding about GBV. All of these organizations/Associations believe that both disability and rights of women are major concerns; and all the respondents have proper understanding about GBV. Seven respondents stated that they render legal advice: Ethiopian Human Rights Commission, Ethiopian Women Lawyers Association, Addis Ababa Women, Children and Youth Affairs Bureau; Ministry of Women, Children and Youth Affairs; Ethiopian National Association for the Blind; the FDRE Institute of the Ombudsman and Ministry of Justice. In addition, three respondents stated that they render

service of representation in courts: Ethiopian National Association for the Blind, Ethiopian Human Rights Commission and Ministry of Justice.

Three organizations have special programs and strategies in the protection of the rights of women with disabilities: Ethiopian Human Rights Commission, EWDNA and Ethiopian National Association for the Blind; and five respondents stated that they render legal services.

Majority of the respondents stated that women with disabilities have a lower status in the society because of their gender and disability. They are the most disadvantaged group. All of the respondents stated that women with disabilities are more vulnerable to abuses and violence than women without disabilities and men with disabilities.

As per the representatives, reasons for the vulnerability of WWD include: double discrimination and stigma, disability, negative attitude of the society about gender and disability; considering that WWD would not have the ability to defend themselves; economical as well as practical dependency on others for survival; lack of education, low self-esteem and low self-confidence of the WWD, biological factors (not only women with disabilities but women in general are vulnerable to abuse), gender inequality.

According to the FDRE Institute of the Ombudsman and Kirkos Sub-city Police Station respondents, the legal instruments and policies in relation to the rights of women and women with disabilities are being implemented to the fullest. Almost all the representatives of organizations thought that the legal instruments and policies regarding the rights of women with disabilities were not being implemented to the fullest. Since, there was a gap in the implementation

Seven organizations: Ethiopian Women Lawyers Association AA Women Affairs, Ethiopian Women with Disabilities National Association, Ethiopian Human Rights Commission, Kirkos Sub-city Police Station, Nifas Selk Lafto Sub city Police Station and Ethiopian National Association for the Blind stated that the frequency or seeking support is low. Six respondents stated that the most frequent GBV is sexual. Only one respondent stated that the most frequent GBV is emotional/psychological. However, majority of the representatives stated the frequency of seeking support is low. Some of the respondents have stated that the CSO legislation has affected them adversely as they can't work in the protection of women's rights.

CHAPTER FIVE: SUMMARY CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY

As it has been stated in the previous chapters, the research used qualitative method. As a result, twenty five women with disabilities members of either ENAN or EWDNA were interviewed. Additionally twelve key informants were interviewed. Seven participants have taken part in the focus group discussion. The research has explored gender based violence against women with disabilities in the selected associations of people with disabilities.

The research identified several implications which gave priority to the need for protecting the rights of women with disabilities. Women with disabilities face different types of violence which adversely affect their social well-being. This includes physical, psychological, sexual and economic violence. While majority of participants of the research explained that they had suffered sexual violence, it indirectly affected their psychological and social health. Many of the participants have faced psychological violence. Inception of all forms of violence begins with discrimination. People in the society discriminate people with disabilities and term them as the 'weak' population. They isolate and discriminate them, which hinders them in pursuing education and employment. Considering them as the weaker side of the society motivates perpetrators to approach them and satisfy their sexual needs. Hence, it is understood that discrimination is the prime reason for inequality and injustice towards women with disabilities. Negative attitude of people towards women with disabilities restricts them to access resources. This necessitates the need for a change in the attitude of people in society and such a change should affect the rights of women with disabilities in a positive manner.

Several causes of GBV are identified wherein the impact of strangers was highly mentioned. However, it is only the role of men as strangers in imparting injustice to the disabled feminine population. While some responses based on help and assistance acquired from strangers is evident from previous sections and the responses of the participants, majority of the respondents stated that their rights are voluntarily deprived by strangers. This displays the lack of awareness in the society in treating visually and physically challenged women. The lack of awareness could be considered as a generic term which is applicable in all sectors of the society since women with disabilities are violently handled at home, neighborhood, offices and public places.

Awareness can be spread across the nation with the purview of protecting the rights of women with disabilities. NGOs and women right organizations should focus more on spreading awareness to the society in safeguarding the women rights. This is in line with the objective of mitigating the causes of GBV towards women with disabilities.

The women with disabilities stated that they follow self- help strategies to overcome GBV. The responses of the participants revealed that women with disabilities separate themselves from the rest of the community and mostly live in isolation. They also advice others to be careful in their approach to strangers, this may prove to be an effective strategy to deal with GBV; however, this thought of isolation may aggravate their living. Women with disabilities should communicate with their family and friends if GBV is encountered. Most of the participants maintain silence and never reveal their bad experiences with their family. Women who had witnessed such episodes of crime can use the available services. Family members should provide them with adequate support and if possible could assist them when women with disabilities require travelling to long distances. Few representatives of governmental organizations had stated that the laws and policies for safeguarding the rights of women with disabilities are implemented successfully; however, this does not mitigate the number of harassment cases associated with GBV towards women with disabilities. This necessitates the need to fill the gaps in implementation of policies to safeguard women rights.

However, there are several challenges in the implementation of legal instruments and policies that support the rights of women with disabilities. The responses of representatives of different organizations stated that their role in the society is to safeguard the rights of women- both with disabilities and without. However, no special programmes were dedicated for the promotion of awareness in the society by most of the organizations whereas only few spread awareness through special programmes. Awareness does not imply only to the society but also to the disabled population. Though people in the society consider people with disabilities to be the vulnerable, they are actually not. Women with disabilities should come forward breaking the barriers of discrimination, negative attitude, disability and low self-esteem. This requires knowledge which can be imparted through education. Government should consider the ideals of education for all people in the nation. Only through education shall awareness be spread across the nation. Discrimination in any form should be made an offence by the government to tackle

violence based issues. Though legal instruments can strictly impart the safety of women with disabilities, it is only through education and awareness the issues of GBV be minimized.

5.2 Conclusion

The violence faced by women with disabilities includes physical, sexual, psychological, and economical violence. The primary data shows that WWD faced all types of violence. Psychological violence took the major stake followed by sexual, physical and economical. The combination of some or all violations is also the experience of the respondents.

The study findings lay evidence to the fact that many of the women with disabilities consider themselves to be victims of some form of violence or abuse. While most view themselves to be victims, some others take their situations in stride and accept that it comes with the part of being a person with disability. The society as a whole in this regard fails in the most basic of aspects which is the recognition of some of these acts to be violent. This may be especially the case of forced psychiatric interventions or intent to disturb psychological well-being of a woman with disability. Violence such as these is especially being practiced on women with visual impairment and physical disability. Interesting strokes of such scenarios is the fact that such forms of violence show startling similarity to the violence that is meted out against women but yet is unique in many different ways. One such aspect that constitutes to the uniqueness lies in the fact that many people take great advantage of the situation that the people with disabilities are in. In this regard simply being a woman and being visually impaired increases the chances of experience any or all forms of violence as compared to other men and women in general. Other aspects of being with disability are that they are more likely to be ignored or even suppressed and silenced even in their attempts to defend themselves. A pattern most emergent here is that it is not just the disabled women that are silenced or ignored, but the issue in itself is largely ignored in the context of research and academic literature.

Contributing factors that aggravate GBV against WWD include: ignorance or lack of awareness; taking advantage of the weakest side of people, wrong societal attitude towards gender and disability; poverty and dependency on others.

The lack of adequate opportunities to express themselves or to function in their traditional role in the society as females leads to a gross decrease in the self-esteem of the individual and further

contributes to the increase in vulnerability. It can be stated here that the main contributory factors towards such a sad state of affairs for women with disabilities is the fact that there does not exist adequate knowledge or awareness on the issue. This awareness is not just lacking in the case of the community people but also lacking in professionals who work with the rights of women with disabilities who are subject to such violence. For the betterment of this situation it is necessary to take stand of the situation and ensure that such women are adequately recognized and supported. Here a broad range of stakeholders come into consideration to ensure that the rights of women with disabilities are not ignored. The main stakeholders in this case may be the disability based associations, NGO's and Go's . Within this purview, the study here makes the following recommendations.

Recommendations

- The need for inclusion of women with disabilities in the efforts that are taken to combat the issue, by ensuring ease of physical access for these women to the services and programs offered. The ease of access can be ensured by providing transport or assistance to and from such centers. The centers however must also take measures to include all forms of disability including psychosocial impairment
- The services such as legal aid psychological treatments and therapy provided must be equal to all women
- Awareness creation about women with disabilities within the society.
- Creating suitable environment for people with disabilities in general and women with disabilities in particular. The need to introduce assistive technology.
- Large measures must be taken to fight the associated social stigma, the discrimination as well as all forms of violence that is meted out. This may be carried out in the forms of arranging social education and awareness campaigns. What is needed most is increasing awareness of people both on gender issues as well as disability. PWD should take part in bringing about the solution by letting their voice be heard in preventing violations as well as reporting occurrences. However, GBV is not a matter that will be left to WWD, the entire communities take individual and collective measures against GBV.

- The women with disabilities have to be trained to access the safety services that are provided to them so as to aid in further prevention of any form of acts of violence that they experience
- Providing education regarding about their rights and duties to the women with disabilities who experience violence is also another very important aspect toward the betterment of the situation. Education must be provided by adopting a human rights stance.
- Provide adequate information to women regarding the health and social implications of the violence and abuse
- To initiate investigations as to what all forms of violence that all women with disabilities experience so that the experiences of these women can be better understood
- Adoption of policies and legislations that recognize the different acts that violate the rights of a women with disabilities.
- Educate the caregivers such as the spouses, nurses, parents, and other health care service providers. Training must especially be given in the areas of communication to prevent isolation of such a population from society
- The involvement of a diverse set of individuals so as to develop more comprehensive solutions in the combat of violence against women with disabilities. This, in the form of policies and the protocols followed by law enforcement, healthcare providers, service providers and all other personnel who are involvement in the betterment process.
- To give trainings to stake holders such as the police in prevention and response to GBV against women with disabilities.

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Appendix

Annex I

Interview Guide

For the women with disabilities (in-depth interview)

Information

I would like first to thank you for your cooperations. I am Nardos Nikodimos, a post graduate student at Addis Ababa University. Currently I am doing a Research on Gender Based Violence against Women with Disabilities in Addis Ababa. You are kindly requested to share your experiences, views and opinions regarding gender based violence against women in general and women with disabilities in particular. The interview will not take more than an hour. Your responses will only be used for academic purpose and will be kept confidential. I can assure you that any information I include in my research will not disclose you as a respondent. You are not obliged to give your full name and address. Moreover, you can escape questions that you don't want to answer and you can withdraw from the interview any time.

Thank you again.

Personal Information

1. Age: _____

2. Sex: Female

3. Marital status

1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

4. Educational level _____

5. What type of disability do you have? 1. Visually impaired 2. Physically disabled

6. Employment Status

Interview Questions

1. How do you see the societal attitude towards people with disabilities in general and women with disabilities in particular?
2. Have you been left out or treated badly because of your disability?
3. Have you ever faced violence so far because of your gender?(during childhood, youth or adulthood)
4. If yes, what did happen?
5. Did it happen once or repeatedly?
6. Who was the person responsible for the act?
7. How did the violence affect you adversely?
8. Have you reported the situation to anyone?
9. If yes, to whom? and what action was taken?
10. If not. Why not?
11. What other methods did you use to avoid the problem?
12. What do you think is/are the cause/s for the gender based violence?
13. What do you think are the factors that have worsen the problem of Gender based Violence?

Annex II

Interview Guide for the representatives of the different organizations

Information

I would like first to thank you for your time. I am Nardos Nikodimos, a post graduate student at Addis Ababa University. Currently I am doing a Research on Gender Based Violence against Women with Disabilities in Addis Ababa. You are kindly requested to share your experiences, views and opinions regarding gender based violence against women in general and women with disabilities in particular. The interview will not take more than an hour. Your responses will only be used for academic purpose.

Thank you again.

Personal Information

Name _____ Sex _____

Position _____ Educational Background _____

1. Does the organization/Association work in the protection and promotion of the rights of women or people with disabilities in general and with women with disabilities in particular?
2. Which areas are the major concerns?
3. What is your understanding about gender based violence against women with disabilities?
4. Do you have special programs and strategies in the protection of the rights of women with disabilities?
5. How do you look the status of women with disabilities in the society?
6. Do you think that women with disabilities are more vulnerable to abuses and violence than women without disabilities and men with disabilities?
7. If yes to the above what do you think are the basic factors/reasons?
8. Do you think the legal instruments and policies in relation to the rights of women with disabilities are being implemented to the fullest?
9. Do women with disabilities come to the Association/Organization seeking for help as victims of gender based violence?
10. If yes how often and what is the most frequent gender based?
11. What types of services do you render them?(like legal counseling, representation in courts)
12. Were there any cases that were legally addressed?
13. Were there any cases of gender based violence against women with disabilities in which proper legal measures were not given? If yes please mention some of them
14. What are the reasons that aggravate gender based violence against women with disabilities?
15. What are the challenges you have experienced in working in the promotion and protection of gender based violence against women in general and women with disabilities in particular?

16. What mechanisms did you apply to minimize the problems?

17. In your opinion what should be done in order to improve the present situation of gender based violence against women with disabilities?

Annex III

Focus Group Discussion Guide

Introduction

Giving information about the main purpose of the discussion and the participants introducing themselves.

Questions of discussion

1. What do you know about gender based violence in general?
2. Can you explain the main types of gender based violence that women with disabilities face?
3. Have you witnessed or heard of any gender based violence against women with disabilities?
4. What do you think the causes of gender based violence against women with disabilities are?
5. What factors do you think have worsen the problem of GBV?
6. What are the coping strategies women with disabilities use to deal with GBV?
7. What do you think should be done in order to improve the present situation of gender based violence against women with disabilities?

Discussion, asking for additional comments, appreciation and closing.

Declaration

I, the undersigned, declare that this study is my original work. It has never been presented in any university. All the resources and materials have been duly acknowledged.

Nardos Nikodimos

Signature _____

June 6.2016

Addis Ababa University

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Center for Human Rights

Advisor _____