

Running head: Violence against women with disabilities

ADDIS ABABA UNIVERSITY

COLLEGE OF SOCIAL SCIENCE

**VIOLENCE AGAINST WOMEN WITH DISABILITIES: THE CASE OF
WOMEN MEMBERS AT THE ETHIOPIAN WOMEN WITH DISABILITIES
NATIONAL ASSOCIATION (EWDNA)**

**A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN
SOCIAL WORK (MSW)**

BY

HIWOT MOGES

JUNE, 2015

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ACRONYMS

ADA	Americans with Disabilities Act
ADLs	Activities of Daily Living
CBR	Community Based Rehabilitation
CARDOS	Centre for Applied Research and Development Oriented Services
CSA	Central Statistical Agency
DPO	Disabled people's organization
EWDNA	Ethiopian Women with Disabilities National Association
ENDAN	Ethiopian National Disability Action Network
EEOC	National Equal Employment Opportunity Commission
FGD	Focus Group Discussion
ICF	International Classification of Functioning
IIDEVAW	International Day for the Elimination of Violence against Women
INWD	International Network for Women with Disability
IPV	Intimate Partner Violence
KIIs	Key Informant Interviews

MOLSA	Ministry of labour & Social Affairs
NGO	Non Governmental Organization
PWDs	People with disabilities
STD	Sexually Transmitted Disease
SRIDP	Swedish Research Institute for Disability Policy
UDHR	Universal Declaration of Human Rights
UN	United Nations
USDJ	US Department of Justice
VAW	Violence Against Women
VAWD	Violence Against Women with Disabilities
W H O	World Health Organization
WWD	Women with Disabilities

ABSTRACT

The aim of this study is to assess the experience of violence on women with disability, the type of violence, causes, their impacts and implications. The study was qualitative, which employed phenomenology as a research design. In order to collect the data the researcher used ten in depth interviews, two key informant interviews and two focus group discussions on issues. The informants are ten women with disabilities who are members of EWDNA and were victims of violence, the project coordinator and a social worker. The finding of the study shows that women with disabilities have suffered a great deal from different acts of violence because of lack of awareness, negative attitudes, economic dependency and vulnerability of women with disabilities. Rape, beating, insulting, undermining, unsuitable physical environments, lack of employment and educational opportunities are among the dominant types of violence that affect women physically, psychologically, socially and economically. Based on the findings of the study, it can be suggested that violence is a common and serious problem and have negative outcomes on women with disabilities. Therefore, it is recommended that violence needs due attention and remedial actions and Programs from government, non-governmental organization and helping professions including social workers aimed at preventing violence must address these identified factors of violence against women with disabilities.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Violence against women is the most pervasive human rights violation in the world. It is also a profound problem that saps women's energy, compromises their physical and mental health, and erodes their self-esteem (Abulie and Tesfaye, 2014). In addition to causing injury, violence increases women's long-term risk of a number of other health problems (Martin, Young, Billings and Bross, 2006). It is estimated that worldwide, one third of all women have experienced violence of beating, sexual coercion or other forms of abuse, at some point in life (World Health Organization, 2005). The available evidence points to significant risk and prevalence of targeted violence and hostility against people with disabilities. People with disabilities are at higher risk of being victimized in comparison with people without disability (Brownridge 2006; Healey, 2013; Dimopoulos, 2014). Violence against women with disabilities is part of the larger issue of violence against persons with disabilities in general. This includes violence accomplished by physical force, economic coercion, intimidation, psychological manipulation, deception, and misinformation, and in which absence of free and informed consent is a key analytical component. Violence may include omissions, like deliberate neglect or lack of respect, as well as overt acts that harm a person's physical or mental integrity (Plummer and Findly, 2012). Studies suggest that the rate of abuse of women with disabilities is similar or higher compared to the general population, there continues to be a lack of attention to this issue (Plummer & Findly, 2012).

Women with disabilities' experiences and risks of violence are compounded by physical, sensory or intellectual impairments, marginalization from society and inaccessible environments. Women with disabilities are exposed to multiple potential perpetrators on which they are dependent, including intimate partners, family members, health care providers and personal assistance workers (Plummer & Findley, 2012). Women with disabilities often find themselves trapped in abusive or neglectful relationships because they are financially and physically dependent (Brownridge, 2006). More importantly, their reliance on others increases their risk for emotional and physical abuse which are disability-based forms of violence, such as being prevented from using a wheelchair or other assistive device, being over or under-medicated, being neglected or refused help, or the misuse of their welfare grants by family members adds further exploitation and vulnerability (Curry, Renker, Hughes, Robison, Oschwald et al., 2009). People with disabilities (PwDs) are among the most socially and economically disadvantaged segment of the population. Besides their physical suffering from pain and immobility, these individuals are socially distressed from various forms of stigma and discrimination, mental anxiety, dependency and rejection (Ethiopian National Disability Action Network , 2010). It is well documented that women with disabilities face barriers in their participation as equal members of society in all parts of the world. Especially in the developing world like Ethiopia, the magnitude of barriers persons with disabilities face have rendered them largely to exclusion from the mainstream society and experience severe difficulties in accessing community resources (ENDAN, 2010).

The figure from WHO has shown the state of the women in different countries including Ethiopia. In Ethiopia, seven out of ten women are suffering from the consequences of violence

(WHO, 2005). In rural Ethiopia, 49% of ever-partnered women have ever experienced physical violence by an intimate partner, rising to 59% ever experiencing sexual violence (WHO, 2005).

There are an estimated 7million of the total populations live with some kind of disability in Ethiopia. Visual impairment accounted about 42.2% of all disabilities while hearing impairment and disability from leprosy contributes 7.8% and 6.5% respectively (WHO, 2005). Despite increasing recognition given to violence as a global problem studies that examine or indicate the overall experience of violence on women and its determinants and impacts on women with disabilities in developing countries remains scarce (Hasan, Muhaddes, Camellia, Selim, and Rashid, 2014). Owing the above facts; the present researcher is initiated to investigate whether such problems are observed in our context or not. Hence, this study is conducted to explore the violence on disabled women, their nature, their factors, types and impacts on that societal group living in Ethiopia, especially in the selected area for this study.

1.2. Statement of the Problem

Women with disabilities rank issues of violence as their most important research and health priorities (Hasan et al, 2014). Despite an apparent consensus on the importance of and need for research on violence against women with disabilities, the issue remains an understudied social problem. A review by Curry et al. (2009) found that “there is a small literature regarding the risk of abuse, women’s experiences of abuse, and barriers to seeking help among women with disabilities” (p. 60), and that “the absence of attention to this issue from both disability and violence researchers have contributed to the ‘invisibility’ of the victimization of women with disabilities” (p. 68).

Based on a review of research, Chappell (2003) concluded that “women with disabilities face an epidemic of monumental proportions” (p. 12). Indeed, it is common in the literature to

see very high estimates of violence against persons with disabilities, such as being 50% more likely to encounter abuses than the rest of the population (Hightower & Smith, 2003).

The study carried out in Bangladesh Hasan et al. (2014) revealed that discrimination and hindrance in societal activities like education, employment and so on are some problems that woman with disability faces. When women with disabilities disclosed their violence experiences and tried to prevent future violence, most often received help from family members/relatives. The prevalence of violence toward women with disabilities is also largely underestimated, because studies use large population based surveys undertaken for other reasons, not specifically on violence (Young, Nosek, Howland, Chanpong and Rintala, 1997, as cited in Dimopoulos, 2014).

According to Ballan and Freyer (2012) Women with disabilities are victims of frequent domestic violence, yet scant research has examined self-protective mechanisms that could mitigate this violence. There are barriers to self-protection against domestic violence for women with diverse disabilities and the women use nonfatal force as self-defense.

Smith and Strauser (2008) and Brownridge (2006) discussed that women with disabilities are in a serious problem both through typical forms of violence (physical, sexual, and emotional) and those that target one's disability. Even though, the researches done on the area are limited, a few researches on the area show that women with disabilities experience abuse at similar or increased rates as compared to the general population. The study conducted by Ridington (1989) in Canada 40 % of the 245 women with disabilities interviewed had experienced violence 12% of them had been raped. However, less than half of these incidents were reported (as cited in Cramer, Gilson and DePoy, 2003). Another study found that 25 of 31 interviewed women with disabilities reported abuse of some kind (emotional, sexual or physical)

(Young et al., 1997, as cited in Young, 2009). Women with disabilities experience a wider range of violence: by personal attendants and by health care providers , as well as higher rates of emotional abuse both by strangers and other family members (Young, 2009). Women with disabilities have an increased vulnerability to sexual abuse based on the stereotypes of them being asexual, childlike and dependent or oversexed, indiscriminating and easy. These stereotypes have had devastating effects in the past for people with disabilities by infringing on their reproductive rights, especially among women with disabilities (Dotson, Stinson & Christian, 2003).

Study conducted by Boersma (2009) shows the prevalence of violence against Ethiopian Children with Disabilities. ENDAN (2010) also confirms that though gender based violence is a common and serious problem in Ethiopia and highly associated with adverse outcomes among women with disabilities; researches that were conducted on violence against women with disabilities in Ethiopia were limited. The small body of existing research stated above on violence against women with disabilities has identified a wide range of prevalence rates.

All the above sources show violence and its impacts on women with disabilities in different areas. Though the problem is serious and of high risk on the exposed group, it has not get focus in our context as the present researcher attempted to be witness. Even though a few researches were conducted in the selected areas for the present study is untouched. The seriousness of the problem, but limited studies on the area initiated the present researcher to conduct this study.

1.3 Research Questions

This research addressed the following research questions.

- I. What are the characteristics/ nature of violence against women with disability?

- II. What are the factors of violence against women with disability?
- III. What are the actions taken by the women after the violence happened?
- IV. What are the results of the measures taken by the women against violence?
- V. What are the effects of violence on the lives of women with disabilities?

1.4 Objective of the Study

The general objective of this study is to explore about the experience of violence against women with disability by taking the experience of purposefully selected women as a case from members of the Ethiopian Women with Disabilities National Association (EWDNA).

Specifically the research aims to address the following objectives;

- To identify the characteristics/ nature of violence against women with disability
- To identify the factors/ causes of violence against women with disability
- To assess the measures taken by the women with after the violence happened
- To examine the outcomes of the measures taken by the women against violence and;
- To explore the impacts/effects of violence on women with disabilities life

1.5. Rationale for the Study

To do research on violence against women with disabilities was my deepest interest, because one of my friends was working with the women with disabilities and she informed me about the violence faced by these women and its impacts in the women with disabilities life. This motivated me to explore violence against women with disabilities. Following my interest, I searched to find whether anything said about it. I found nothing done specifically on violence against women with disabilities in the study area.

1.6. Significance of the Study

The researcher hopes that the findings of the study will inform the stakeholders about the characteristics, factors, and impacts of violence against women with disability. It further enlightens the strengths and weaknesses of the measures that the women with disabilities taken to cope with the adversities of violence against them. This would be of enormous significance for the stakeholders to take the peculiar circumstances of the area into account in devising and implementing case specific intervention plans. This study will help as a reference for further research in the areas of violence against women with disability in other parts of Ethiopia in general and Ethiopian disability women association in particular.

1.7. Scope of the Study

This study is conducted on ten women members at the Ethiopian Women with Disabilities National Association (EWDNA) located in Yeka Sub-city of Addis Ababa city Administration. The study provided an account about the nature, causes, measures taken by the women after violence happened and impacts of violence on women with disabilities through conducting an in-depth interviews with ten women with disabilities, key informant interviews with two EWDNA workers and two FGDs .

1.8. Definitions of Terms

In this research, the term disability encompasses physical, sensory or mental, social or a combination of impairments (WHO, 2010). The different types of disabilities are stated as follows.

Physical and sensory disability

Physical disability is resulting from injury, chronic disease (like multiple sclerosis, rheumatoid arthritis), or congenital conditions (like cerebral palsy, muscular dystrophy); sensory impairments consisting of hearing or visual impairments (Corrie and McGuire, 2013. p, 562).

Mental disability

Mental disability comprises developmental conditions, for instance, intellectual disability), cognitive impairment (eg. traumatic brain injury), or psychiatric disability (Corrie and McGuire, 2013.p, 562).

The concept of violence in this research employs the idea of Healey (2013) which relates the concept with physical, sexual, emotional and verbal attack against women with disabilities.

Physical violence

Physical violence is an assault that causes physical injury, and/or the use of the body to threaten injury. There are ranges of behaviors that can constitute physical abuse including hitting, choking, burning, and restraining. It can also cover physical intimidation, such as the use of body language to threaten someone, i.e. standing over someone to cause fear (Healey, 2013, p.18.).

Psychological violence

Psychological violence understood as any behavior that causes emotional damage and reduction of self-esteem or that harms and disturbs full development or that aims at degrading or controlling the woman's actions, behaviors, beliefs and decisions, by means of threat, embarrassment, humiliation, manipulation, isolation, constant surveillance, insult, ridiculing, exploitation and limitation of the right to come and go or any another means that causes damage to the woman's psychological health and self-determination (Healey, 2013, p.17).

Sexual violence

Sexual violence understood as any behavior that forces the woman to witness, maintain or participate in sexual intercourse, by means of intimidation, threat, coercion or the use of force; that induces the woman to commercialize or to use, in any way, her sexuality, includes unwanted kissing or touching or making a woman do something that she doesn't want to do or enforcing them to watch like pornography without their willing (Healey, 2013, p.18).

1.9. Limitations of the Study

The limitation of this study was few of the participants were women with hearing impairments and it was difficult to record the interviews conducted with them. The study only includes those women who came to the associations during the time of data collection for the present study.

1.10. Structure of the Thesis

This thesis comprises five chapters. In the first chapter, it gives brief background information and presents the objectives, significance of the study, scopes of the study, and operational definitions of terms and limitation of the study. Then, it is followed by another second chapter which presents the review of literature. The third section describes the whole research work process of data gathering, data analysis, the methodology employed and ethical issues. Presentation of the data is incorporated in the fourth section. Finally, discussion of the data, conclusion of the study and its implication for social work practice are presented.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter provides the review of literature gathered from different sources such as, books, journals, magazines, published and unpublished materials and online sources on issues of violence against women with disabilities. Overall, it comprises three sections. The first section focuses on the theoretical explanations, which consist of the medical, social and the bio-psychosocial model. The second section discusses the definition, classification of violence with further clarification. Finally, in this chapter the causes of violence and the characteristics of the abusers, disclosure and redress and the impacts of violence are discussed.

2.1. Concepts of Disability and Violence against Women with Disability

The concept of disability varies from society to society or can be viewed in different ways. To come up to the common understanding it is better to see it in different models.

Understanding Medical, Social and Bio-psychosocial Models

Mays (2006) discusses the concept of disability is a relative and dynamic concept. It is a relative concept because it is differently understood according to cultures, attitudes and prevailing social norms. The way that we view and define disability is a highly political and personal issue to many people. It can have a direct impact upon many factors including how much of an effort is made to make services accessible and how practitioners may treat disabled service users

Identified models of disability are: the medical model, the social model and the bio-psychosocial model. Each model is brought forward and took prominence at one stage in the global disability movement. While the medical and social models of disability are the long

debated models, the bio-psychosocial model represent the contemporary understanding of disability (ENDAN, 2010).

The traditional definition of disability, still widely used within government and the medical world, is known as the medical model of disability. There is no specific definition given but as a general usage it is stated in Corrie & McGuire (2013) as the restriction of ability to perform an activity in a manner considered normal for a human being. It is the result of the assumption that physical condition is intrinsic to the individual and may reduce the individual's quality of life and causes clear disadvantages to the individual. This model also regards disability as an individual person's medical condition in need of cure, rehabilitation and adaptation to society. Under this model, focus is placed on the person's limitations to perform daily activities within his or her home, such as ability to walk or ability to dress oneself; as such enabling persons with disabilities do the stated activities is equated with making them reach their maximum potential (Mays, 2006).

In contrast to the medical model, the social model of disability underscores inclusion or participation of persons with disabilities in society. It considers environmental or social factors as reasons for persons with disabilities' exclusion or marginalization in society. According to this model, the barrier for persons with disabilities participation in society is the society in which they live. The society does not provide for the needs of persons with disabilities (inaccessible buildings, no brail books, no sign language interpreter, etc.) and thus disables the person by not allowing for their inclusion. The challenge is for the society to adjust or to accommodate Women with Disabilities (Mays, 2006).

According to Healey (2013) the concept of disability is a social construct as the view of social model. It emphasizes the disability as the result of historical, material and social conditions, which create a disabling society to be discriminated.

Alternatively, disabled people's organizations and disability activists advocate for the importance of using the social model of disability which argues that the barriers experienced by disabled people result from socially disabled attitudes and practices. They point out that it is societal barriers that disable them, rather than their impairments (Young, 2009). On its own, disability theory, drawing on principles from the social model, does not adequately explain the gendered nature of violence against women with a disability.

The model which established the framework for contemporary understanding of disability is the bio-psychosocial model. This approach views disability as multi-dimensional phenomena and acknowledges the significance of addressing both the medical and social dimensions of disability. According to this model, disability is understood as a product of interaction between a people's certain conditions or functional limitations and his or her physical, social, and attitudinal barriers (WHO, 2010).

According to this model, medical and rehabilitative interventions are important in addressing body-level aspects of disability, i.e. impairments and limitations in a person's capacity to perform actions; while at the same time environmental and social interventions are essential to deal with restrictions in a person's participation in educational, economic, social, cultural and political activities (WHO, 2010). The bio-psychosocial model is the WHO framework for understanding disability and has formed the basis for the International Classification of Functioning, Disability and Health (ICF).

The United Nations, in providing recommendations for the conduct of national censuses defines a person with disability as “a person who is limited in the kind or amount of activities that he or she can do because of ongoing difficulties due to a long-term physical condition, mental condition or health problem” (United Nations, 1998, p. 4).

2.2. Peoples with Disabilities in Ethiopia

According to the WHO (2010), there are 300 million people with disabilities in the world out of which 210 million (70 percent) live in developing countries.

There is no consensus on the prevalence of disability in Ethiopia. According to the 1994 Ethiopian census, 1.9% of the people living in Ethiopia have a disability (Central Statistical Agency, 1995 as cited in Ministry of Labour and Social Affairs, 2010). Contrary to this, the WHO estimates that 10% of the total world population has a disability (WHO, 2005). The number of children with disabilities is estimated to be between 2 million to 2 and half million in Ethiopia (Centre for Applied Research and Development Oriented Services, 2007, as cited in MOLSA, 2010). There is also a report that figures out in Ethiopia person with disabilities is estimated to be more than 7.3 million (CARDOS, 2007, as cited in MOLSA, 2010). It is believed that the situation is far worse than the average for developing countries (WHO, 2005).

2.3. Definitions and Concepts of Violence

The WHO defines violence “as the intentional use of physical force or power, threatened or actual, against a person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (WHO, 2010, p.3).

The WHO document further discussed some acts of violence that can be subsumed under these categories: domestic violence perpetrated against members of the immediate or extended

family; school violence carried out by students teachers or other school employees; workplace violence engaged in by people at the workplace; gang violence perpetrated by gangs against each other or members of the community, violence against women , violence against men, violence against children, violence against elderly persons, violence against the disable, violence based on sexual orientation, violence against racial or cultural minorities, violence based on national origin (WHO, 2010).

2.3.1. Types of Violence

Typically violence is divided into three categories, namely: physical violence, sexual violence and psychological or emotional violence.

2.3.1.1. Physical Violence

According to Mussie (2006) physical violence is an assault that causes physical injury, and/or the use of the body to threaten injury. There are ranges of behaviors that can constitute physical abuse including hitting or pushing, slapping, punching, kicking or hurting by using weapons.

In addition Brownridge (2006) states that neglecting is a form of physical violence in that women with disabilities depend on someone for their physical needs and deliberately ignored their needs. This can be manifested in covering physical intimidation, such as the use of body language to threaten someone badly, i.e. standing over someone to cause fear.

2.3.1.2. Sexual Violence

Sexual violence is the act of forcing (or attempting to force) a female through physical body harm or any means to engage in a sexual behavior against her will. Sexual coercion exists along a continuum, from forcible rape to nonphysical forms of pressure that compels girls and

women to engage in sex against their will (Chappell, 2003; Healey, 2013). That means, Sexual violence includes unwanted kissing or touching or making a woman do something that she doesn't want to do or enforcing them to watch like pornography without their willing. Abulie and Tesfaye, (2014) state that around the world, at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime. This shows that how the problem is deep-rooted. In addition, Sobsey (1988) suggests that 83% of women with disabilities will be sexually assaulted in their lifetime, as cited in (Mays 2006).

In 2005, a study by WHO reported that Ethiopian women experienced the highest levels of sexual violence by a partner at 59 percent. Furthermore, 46 percent of women have been reported to be physically forced into having intercourse, and 35 percent of women who have partners experienced some form of severe physical abuse (WHO, 2005)

2.3.1.3. Emotional or Psychological Violence

“Psychological abuse is the systematic perpetration of malicious and explicit nonphysical acts against an intimate partner, child, or dependent adult” (Nirmala , 2012, p.57). Threat to the victim's physical health, her loved ones, and controlling her freedom can have the effect of isolating her and destabilizing her in her own home leading to psychological trauma (Nirmala , 2012).

Emotional or psychological violence can include doing or saying things that make a woman feel scared or intimidated – like yelling, constantly criticizing her, insulting her or threatening her. Examples of this behavior range from yelling abuse and name calling, to mind games, and threats to kill/to harm and/or to commit suicide. Withholding medication and preventing a person from keeping connections with their family, friends and culture can also be considered emotional or psychological abuse (Healey, 2013).

Emotional violence also consist of behavior like hiding a woman's crutches or cane, or taking away her wheelchair, or forcing her to wear something like a hearing aid or a prosthetic when she doesn't want to destroying or threatening to destroy a woman's possessions, or something which she needs so she can live independently, are forms of emotional violence (Healey, 2013).

Further, in the literatures there is a Disability-based violence that involves a diverse range of behaviors that, in addition to sexual assault and physical violence as outlined above, includes being a target of impairment-related violence and abuse, ongoing neglect, the use of constraint or restrictive practices and institutional violence (rigid regimes, poor quality care, unethical or unauthorized practices in response to challenging behaviors and mental ill health needs and breaches of professional boundaries by staff) (Saxton, Curry, Powers, Maley, Eckels et al., 2001).

This type of violence is often experienced over long periods of time and inflicted by multiple perpetrators, including those providing personal care in the context of an intimate relationship in the privacy of their home or in the provision of care or services in institutional, public or service settings (International Network of Women with Disabilities, 2010). Disability-based violence is experienced differently by girls, boys, women and men with disabilities and is thus gendered and intersects with other forms of discrimination including race, sexuality and class.

2.4. Violence against Women with Disability

The Declaration on the Elimination of Violence against Women, adopted by the United Nations General Assembly in 1993, defines violence against women 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 private life” (United Nations, 1994, Art. 2). It encompasses, but is not limited to, physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women (UN, 1994).

Violence against women is “any act of gender-based violence that results in or is likely to result physical, sexual, or psychological harm or suffering to women including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life” (International Day for the Elimination of Violence against Women, 2007, p. 5).

According to this definition, violence against women includes physical, sexual, and emotional abuse. Physical and sexual assault has a profound and damaging effect on women and leaves deep physical and psychological scars (IDEVAW, 2007).

Systemic violence experienced by women and men with disabilities makes them “objects of violence” (Barnes 1992, P.28). Barnes (1992) shows that there are generally three ways in which violence in society is applied to persons with disabilities. The first is portraying them as helpless victims, which only encourages aggressors to take advantage of them without fear of consequences. Another way is justifying violent treatment for medical purposes. The third way is by portraying people with disabilities as evil and deserving punishment. Barnes (1992) cites various portrayals of persons with disabilities in the media and popular literature consistent with these types of depictions). Women with disabilities tend to experience abuse for longer periods of time than women without disabilities (Nosek, Howland, Rintala, Young and Chanpong, 2001).

Some forms of violence against women with disabilities have not been visible as gender-based violence because of the heightened discrimination based on disability. Various reports document the fact that women (in general) are more likely to suffer abuse and maltreatment than men, but evidence from women with disabilities themselves suggests that violence against them differs in significant ways from violence against other women (Nosek et al., 2001).

According to the International Network for Women with Disability; violence against women with disabilities occurs primarily as a result of attitudes towards women in patriarchal society coupled with vulnerability from the conditions that result from the disability itself (INWD, 2010).

The incidence of maltreatment and abuse of women with disabilities far exceeds that of women without disabilities (Swedish Research Institute for Disability Policy (SRIDP), 2007). The available data, though scarce, also shows that there is a higher rate of violence against women with disabilities than against men with disabilities (US Department of justice, 2009).

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 (Le Mat, 2013).

When we look the Ethiopian situation violence of women in the society continues to be a problem in Ethiopia. Not many studies are conducted on the issue of abuse of women in the country. Although some studies have provided insight into the magnitude of the problem of VAW, these studies lack thoroughness and depth (Nirmala, 2012).

2.5. Causes of Violence against Women with Disabilities

According to Plummer and Findley (2012) the causes of violence against women with disabilities have been a subject of debate for decades and the issue remains to be unsettled. Different theoretical frameworks drawn by social scientists fail to provide a comprehensive explanation for the occurrence of violence. Hasan et al. (2014) stated that understanding of the social causation of violence has been hampered by the fact that most research has been done in the developed world and has been based on information obtained from women accessing sources of help.

Despite the lack of robust material comparing risks to people with disabilities and people without disabilities, there is consensus in existing evidence that people with disabilities experience a heightened risk of violence and anti-social behavior leading to victimization, compared to non-disabled people (Hahn, McCormick, Jay, Silverman, Robinson et al., 2014).

The evidence from research indicates that increased dependency can give rise to increased risk of targeted violence and hostility in a care giving situation: 'When a person is dependent on another for food, clothing, shelter (Plummer and Findley, 2012).

Early research focused primarily on individual risk factors among men and women that predicted either victimization or perpetration of violence. In a review of 52 studies, Hotaling and Sugarman (1986), as cited in Mays (2006) the authors revealed the potential risk factor, including witnessing violence as a child, or experiencing violence as a child, educational level, income, alcohol use, violence towards children and partner sexual abuse considered as causes of violence against women with disabilities.

Deepak, Jayanth, Kumar, Santhosh, Gornalli et al. (2014) suggest that in general, any limitation to one's ability to tend to Activities of Daily Living (ADLs) severely increases the risk of abuse and neglect. Further, researchers have identified a number of specific factors as possible contributors to the increased risk of abuse of individuals with disabilities. Some of these factors include increased risk of isolation (Powers , Renker, Robinson-Whelen, Oswald, Hughes et al., 2009), contact with multiple potential perpetrators and increased physical, emotional, and economic dependency as a result of a disability (Nosek et al., 2001) , the incorporation of learned helplessness, difficulties identifying disability related abuse (Saxton et al., 2001), and cultural/societal barriers that impede their ability to find and obtain assistance (Barile, 2002).

Another type of dependence that has been identified as a potential risk is the integration of learned helplessness and over compliance as a result of one's disability. Individuals with disabilities are often taught to comply with other's wishes and demands (Saxton et al., 2001). They may either stop trying to fight or resist abuse, because their attempts offer no results due to the power of the abuse or the disability itself may limit one's ability to defend oneself (Nosek et al., 2001). Lifetime experiences of abuse by multiple perpetrators may instill in victims a belief that abuse is an expected part of one's life (Nosek et al., 2001).

Misperceptions about disability include "having a disability protects a person from victimization"; the risks to a person with disabilities are thought to be less than the risks to a person who has none (Young, 2009). Lack of money often causes persons with disabilities to live in areas where crime rates are high and the potential for physical and sexual violence is greater than in wealthier neighborhoods (Curry et al. 2009).

Finally unemployment or underemployment of persons with disabilities restricts their income and are less likely to be financially independent, often relying on their partner or care

giver for economic stability. This found to be at increased risk of all types of abuse (Smith & Strauser, 2008). The other risk factors have been identified quantitatively include unemployment isolation, age, education, and mobility. Individuals who are younger, more highly educated, and less mobile wert a higher risk of abuse (Plummer &Findley, 2012).

In Ethiopia also though it is not related to disability, the study conducted by Tegbar , Yemane , Nigussie and Mirgissa (2010) entitled on perceptions and attitude towards violence against women by their spouse show that there is considerable permissiveness of violent acts regarded as wrong, there is socially acceptable premise. Marital rape is not understood well and there is less willingness to condemn it.

In relation to the perpetrators of women with disabilities, Curry et al. (2009) state multiple potential abusers of women with disability listing, intimate partners, family members, health care providers, and personal assistance service workers. On the other hand Saxton et al. (2001) specified the most perpetrators of disabled women are husbands, live-in partners, and personal assistances or service providers

Individuals with disabilities are in a unique and potentially dangerous position of being in physical contact with many different professionals, of various responsibilities and experience, on a daily or weekly basis. These individuals will likely be at higher risk of abuse, compared to the general population, just by the sheer increased number of interactions necessitated by medical care for their disability (Curry et al., 2009).

Perpetrators of abuse are not only partners of the victim but can also be the primary caregiver. The perpetrator may be responsible for cooking, cleaning, and attending to the victim's daily living needs (i.e., bathing, toileting, etc), thus creating a dichotomous relationship of abuser and caregiver (Hassouneh-Phillips and McNeff, 2005).

2.6. Measures Taken by Women with Disabilities After they Faced Violence and its Outcome

2.6.1 Reporting

There is severe under-reporting of incidents as different sources indicate. Sin, Hedges, Cook, Mguni and Comber (2009) reveal that people with disabilities have a tendency to report incidents to a third party rather than to the police. Yet these third parties are under-studied. Research found that the majority of visually impaired people who experienced verbal and physical targeted violence and hostility tended to turn to their family and friends for support (Powers et al., 2009). People with disabilities has found telling someone about their experiences, with third parties (as opposed to the police or indeed family members) appearing to be the preferred channel for reporting. People with learning disabilities and those with mental health conditions have a tendency to tell a third party about their experiences rather than to go to the police directly (Hassouneh-Phillips and McNeff, 2005; Powers et al., 2009; Plummer and Findley, 2012).

Access to someone who is able to advocate on behalf of disabled victims is an issue raised in the literature on adults with disabilities, particularly for those with learning disabilities. Advocates are usually not made available, or disabled victims are not consulted as to whom they would like to have act as an advocate for them (Sin et al., 2009).

Reasons for Under-Reporting

There are some factors that are cited in the existing literature to explain under-reporting. These are physical, procedural and attitudinal barriers that can discourage disabled people from reporting. The cumulative impact of these barriers may lead people with disabilities to feel that

they are not being taken seriously or, worse, being treated as if they are in the wrong (Sin et al., 2009).

The relationship between the victim and the perpetrator can also throw up significant challenges to a disabled person's willingness and ability to report. Disabled people may also blame themselves for what had happened to them, or may simply come to accept that these incidents are part of everyday life (Plummer and Findley, 2012). In Canada a study of 245 women with disabilities, more than half of women did not report abuse because of fear and dependence on the abuser (Riddington, 1989, as cited in Saxton et al., 2001)

The victim's awareness of their human rights i.e, the wider evidence base reported that very few disabled people are aware of their rights (Swedlund and Nosek, 2000). Inadequate response from agencies following the reporting of targeted violence and hostility can contribute to the deterioration of the disabled victim's mental health. This is worrying given that the existing evidence point to a high level of unsatisfactory responses from statutory agencies (Yoshida, DuMont, Odette and Lysy, 2011).

More generally, people with disabilities have been found to have lower levels of confidence in the criminal justice system compared with non-disabled people (Smith & Strauser, 2008). Confidence is affected by people with disabilities perception that they will not be listened to or taken seriously (Smith & Strauser, 2008).

There is limited evidence from the wider published literature that a lack of access to police stations and inaccessible reporting systems can contribute to underreporting (Shaw, Chan, and McMahon, 2012). Poor wheelchair access and the lack of interpreters, inaccessible information and reporting forms and systems can create multiple layers of inaccessibility (Shaw et al., 2012).

The literature review identified reports that some disabled people may fear being sent to a more restrictive setting such as residential care (Saxton et al, 2001), or fear losing custody of their children (Saxton et al, 2001).

Most commonly, coping mechanisms involve acceptance or avoidance strategies. Disabled people are also advised by those around them and by agencies they come into contact with to avoid putting themselves at risk. These acceptance/avoidance and coping strategies have significant implications for social inclusion and the life chances of disabled people (Sin et al., 2009).

2.6.2. Outcome of the Measures taken by the Women

While there are legislative instruments that can help women with disability seeking redress against the experience of targeted violence and hostility; these are insufficient in themselves to bring about change. There is a risk that legislative instruments remain at the level of ‘messages’ and are not being translated into practice (Powers et al., 2009).

There is also evidence which points to different legal outcomes in response to the reporting of targeted violence and hostility made by PWDs compared to non-disabled people. The stereotypes about people with disabilities can lead to dismissive and even negative response from the police (Burgess and Phillips, 2006, as cited in Sin et al., 2009). Additionally, drew attention to the fact that the police may not wish to deal with the incidents reported by the women despite the fact that these may be prevalent (Sin et al., 2009).

Incidents reported are unlikely to result in prosecution due to the real and perceived difficulties in proving that a crime has been committed. In addition, complaints through third-

party procedures (for example, via housing officers) can often take a long time to be addressed (Swedlund and Nosek, 2000; Yoshida et al., 2011).

An advocate is important for identifying appropriate support needs as these Advocates are usually not made available, or women with disabilities are not consulted as to whom they would like to have act as an advocate for them and there is evidence of complaints being dropped because of this (Smith & Strauser, 2008).

2.7. Impacts of Targeted Violence on the WWDs

According to Ballan and Freyer (2012) only small research has been completed on the effects of abuse on women with disabilities However, the impact of targeted violence and hostility is wide-ranging, including adverse physical, emotional, and sexual implications. In some instances, the experience can result in the victim's death (Ballan and Freyer, 2012; Sin et al., 2009). Impact can also be long-lasting, causing disabled people to restructure their lives to minimize risk from strategies such as taking longer routes to avoid certain places and not leaving the home at night, through to 'voluntarily' leaving employment or school (Hassouneh-Phillips, 2005; Hague, Magowan, Thiara and Mullender, 2008).

Some suggest that abuse and violence against women with disabilities may exacerbate current health issues or cause additional injuries. This may be a as a direct result of the violence and abuse (Hague et al., 2008) or through personally decreased attention to health issues (Powers et al., 2009). Psychological effects that have been identified include depression, anxiety, increased feeling of stress, and suicidal ideation (Hassouneh-Phillips, 2005). Negative physical effects of abuse include physical injury and overall decrease in physical functioning (bowel, skin, and nutritional issues (Hassouneh-Phillips, 2005).

Further, existing evidence indicates that the experience of targeted violence and hostility can aggravate the conditions of some disabled people, particularly those with mental health conditions. A study conducted for the Disability Right Commission (DRC) reported that 97 per cent of respondents stated that harassment had had an impact on their mental health, which was incidentally described as the single most distressing consequence of. The impact also reported in decline in their physical health (Sin et al., 2009).

As researches finds out that the common response of ignoring the perpetrator's actions, particularly in relation to verbal harassment. Disabled victims are also commonly advised to ignore perpetrators. This is particularly in relation with learning disabilities, that sustained harassment is seen to be, and accepted as, a part of everyday life (Sin et al., 2009; Ward, Bosek and Trimble 2010).

The experiences of targeted antisocial behavior and physical, verbal as well as sexual incidents could lead to aggressive behavior in women with learning disabilities. An additional response, particularly women with mental health conditions, was to stop disclosing their mental health diagnosis to other people (Hague et al., 2008).

2.8. Theoretical Explanations for Violence against Women

There are numerous theoretical explanations for VAW ranging from macro-level theories, which include socio cultural explanations, and micro-level theories, which include intra-individual and social psychological explanations. Theories that incorporate both macro- and micro-level aspects are known as multidimensional theories. This research examined VAWD within a social ecological model, which falls under the multidimensional theory definition as it combines both macro and micro-level aspects (Bronfenbrenner, 1979 as cited in Terry, 2014).

The ecological model is a new way of examining human development; looking at the developing person, the environment, and the interaction between the two. The ecological environment is conceived as a set of nested structures, each inside the next and a strength of examining multiple levels of influence through social ecological models is that “Ecological models can incorporate constructs from models that focus on psychological, social, and organizational levels of influence to provide a comprehensive framework for integrating multiple theories, along with consideration of environments and policy in the broader community.” (Bronfenbrenner, 1979 as cited in Terry, 2014).

Since the social ecological model can be tailored, numerous researchers have used the social ecological model to try to better understand violence against women. For example, White proposed gender be at the center of her social ecological model and social identity as a meta-construct since identity is influenced by all levels (White, 2009).

Strength of the social ecological model is that it allows for an integration of the individual-level, which is affected by all the other levels. Therefore, adding these components should be avoided and instead a theory incorporating these components at the individual level should be considered. Since one of the basic assumptions of the model is that all levels are constantly interacting then it is understood that individual characteristics will be affected; thus, choosing the correct theory for the individual level is the issue instead of adding additional levels to an already level-heavy model(Sallis, Owen and Fisher, 2008, as cited in White, 2009).

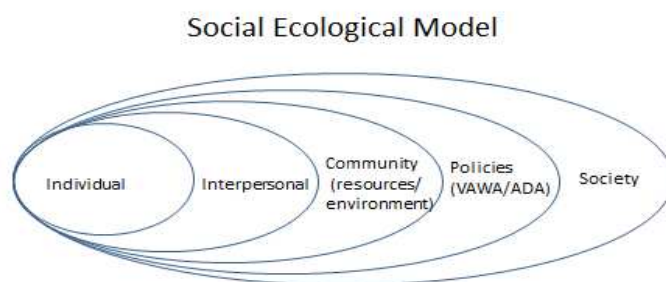


Figure: 1

Generally, this chapter claims to discuss the view of different scholars towards disability and violence. As discussed in the review literature, disability can be of physical, sensory, social and mental retardation. Due to disability woman faced physical, sexual and psychological violence and they are hindered from various opportunities. Violence is more prevalence on the women with disabilities than women without disabilities. However, as the literature indicates little research is conducted on this issue in Ethiopia and the targeted should be studied. The next chapter arranges the preconditions for the findings by explaining on how data are collected, analyzed and interpreted.

CHAPTER-THREE

RESEARCH METHODOLOGY

This chapter describes the methodology of the research employed for the present study. The discussion starts with the research approach and the data collection stage. In relation to data collection, the samples, issues in sampling, as well as the interview method are presented. Additionally, the approach to data analysis (i.e. qualitative data) is outlined and towards the end of the chapter, ethical issues and considerations in this study are discussed

3. 1. Research Approach

Research method refers to a coherent set of rules and procedures that are used to investigate a problem within the framework of philosophical approaches (Adams et al., 2007). Qualitative methodology is a typical research approach which enables to come up with data that cannot easily be produced by statistical procedures or other means of quantification. It is also the means for exploring and understanding the meanings of individuals or groups ascribed to social or human problems (Creswell, 2009).

Moreover, qualitative research is preferred to collect data about human life realities, experiences, behavior, emotion and feeling, organizational function, social movement, cultural phenomena and their interaction with nature (Adams et al., 2007). Thus, qualitative method is employed because the aim of the study is to explore the living experiences of women with disabilities.

3.2. Research Design

This study was aimed to conduct a research on the experiences of women with disabilities victim of violence applying Phenomenology as a research design. The reason is Phenomenology

is a research design that explores the humanness of being in the world (Bergum 1989).

Phenomenology is best suited to go beyond the "taken for granted" in family life. Moreover, the task of phenomenology is to "uncover the meanings in everyday practice in such a way that they are not destroyed, distorted, de contextualized, trivialized, or sentimentalized" (Benner 1985: 6).

The phenomenology because "it is a descriptive study of lived experience-which is mined for its meaning it is the interpretive study of the expressions and objectifications (texts) or lived experience in the attempt to determine the meaning embodied in them" (Van Manen 1990: 38). Since my research aimed on looking on the violence against women with disabilities and to explore their living situation and experiences I choose phenomenology as my research design.

3.3. Data Collection Techniques and Development of Tools

The method for this research is qualitative approach based on intensive field work data collected through different techniques namely in- depth Interviews, Focus Group Discussion and Key-Informant Interviews.

3.3.1. Open Ended in- Depth Interviews

An interview is the most widely used qualitative data gathering tool that allows the investigator to come up with rich and varied data (Kitchin and Tate, 2000). Interview data is always inter-subjective; it is always made out of dialogue (Zucker, 2009).

From the various types of interview, the one that used in this study is the in-depth interview. According to Zucker (2009), the in-depth interview is the appropriate tool to capture the participant's thinking about a particular topic or domain where the answers given by the participant may induce the interviewer to move forward for in-depth questioning. In addition, the use of prompts during the interviews was found to be a very useful aid in clarifying certain

enquiries and in contributing new knowledge about the issues discussed. And in in-depth interview the participant is free to talk about what he or she deems important, with little directional influence from the researcher. The flexibility to change in response to issues that emerge from the interviews is what the study is designed for.

In this type of interview, a series of open ended questions were asked to women with disabilities who were victim of violence to explore the nature of violence, causes of violence, frequency, and who commit the act, the measure taken to respond for the violence and the impacts of violence on women with disabilities. The aim was to allow the respondents (women with disabilities) to inform the study from their point of view, using their words.

The first sets of questions placed focus on the respondents and their background, that is, education and work experience. These questions set the respondents within their present context and made possible a general appraisal of their knowledge and experience in the study issue.

The aim of the second topic, violence related questions were to find out what the respondents knew about violence against women with disabilities. It is important to point out that the questions referred to the women with disabilities, thus eliciting single-case information about them. Each interview was conducted from 40 to 50 minutes. To close the interviews, respondents were asked if they wanted to add something or had any questions.

3.3.2. Key Informant Interviews (KIIs)

Key informant interviews were aimed at obtaining special knowledge on a given issue (Zucker, 2009). In this study, the EWDNA workers were contacted as key informants. Key informant interviews are conducted with two persons (the first with the social worker and the second was conducted with the project coordinator of the Ethiopian Women Disabilities National

Association) and each interview takes from 35 to 45 minutes and the questions asked in relation to the nature of violence, causes of violence, the impact and the measure taken to and what is to be done respond for the violence against women with disabilities.

3.3.3. Focus Group Discussion (FGD)

According to Kitchen and Tate (2000), FGD has been proven instrument to illustrate and explore the inter-subjective dynamics of thoughts, speech and understanding of the members of a group. FGD may be consisted of six to ten individuals discussing on a particular topic under a guidance of a moderator who promotes interaction and directs the conversation (Kitchen & Tate, 2000).

FGD supplemented a one to one interview in this study. This is because, firstly, this instrument enabled to gain data that could not be generated using a one-to-one interview. Secondly, it used to verify the data dug out from other sources.

The researcher had conducted two FGDs with the groups of women with disabilities. In FGD₁ ten women and in FGD₂ eight women participated and the researcher had made lists in order to get relevant information, and the groups expressed their views regarding disability, the nature of violence faced by women with disabilities, causes of violence and the person who commit the act and the measure taken to respond for the violence and the impacts of violence on women with disabilities.

3.4. Participant Selection and Procedures

Creswell (2009) argued that, in qualitative research, a study area and those participants that will best help to understand a problem and research questions are mostly selected purposefully. That means, the selection procedure is deliberate rather than a random process. In

the same way Ritchie, Lewis and El am (2003) mentioned that sample sizes should be (reasonably) small for phenomenology study because qualitative research is highly intensive in terms of data and time it needs. Otherwise, it would be difficult to manage the research process with in the desired time frame (p.84).

In this research the decision to choice of the site of the study area was mainly because of many women with disabilities are member of the EWDNA. The populations covered in the study are women with disabilities who are members of the EWDNA, the social worker and project coordinator of EWDNA and the total research participants are 30 individuals.

I went to officials in EWDNA, after exchange of letters and explained what I was doing and that I wanted help in finding women. Regarding the sampling, I contacted the social worker of EWDNA to assist me in selecting women with disabilities who faced violence, and in general who meet the criteria.

Then, using purposive sampling approach and by getting information from the social worker of EWDNA, women with disabilities who met the following eligibility criteria were recruited for this study: (a) women with disabilities, it may be physical, sensory or mental; (b) who are members of the EWDNA (c) who faced violence, It may be physical, sexual and verbal or psychological violence (d) the women should face the violence at least in the last five years.

3.5. Data Collection Procedure

At the beginning the respondents were contacted and asked to provide their consent in case they are willing to participate. After their consent had been secured, the respondents were asked to indicate the most appropriate time for them to conduct the interview. Then, using the in-depth interview guide, interviews were conducted in Amharic with each of the research participants. Each interview began with an explanation of the purpose of the interview. All

interviews were held at the EWDNA and payment was offered nor requested. As is standard in qualitative interviews, follow-up questions were used to clarify vague responses. Some of the interviews were audio taped for transcription. At the end of each interview, the researcher made sure that the recorded interviews are audible. After this, they were thanked for their participation. Similarly, the two key KIIs and the FGDs were conducted at EWDNA during the convenient time for the participants. The key informants were the social worker and project coordinator of EWDNA. In the two FGDs the participants were women with disabilities. The interviews and discussions were recorded and I was also taking notes.

3.6. Data Analysis

The procedure outlined in Braun and Clarke (2006) was applied in this analysis and consisted of the following stages: Transcribing and familiarization with the data, reading, searching for themes and codes, and producing the report. However, some of the interviews were not recorded because some interviewees were women with hearing disabilities and difficult to record. Thus, there was an interpreter and the researcher was taking notes during the interviews.

In relation to the audio records, data were managed and analyzed initially, by doing transcription of the audiotapes and was carried out by me. After the audiotapes were transcribed I listened again and reviewed the transcription to correct any mistakes made.

After several readings of the transcribed interviews, based on significant phrases and sentences, five major themes were developed pertaining to the nature, causes, and measures, outcome of the measures taken and impacts of violence against women with disabilities and each theme category was extracted from each participant's transcribed interview. And 34 codes are developed in this study and each theme is categorized into codes and the details of the codes are discussed in the finding part. This resulted in all the data for each theme category being in one

place. Consequently, it was easier to compare and contrast each participant's substantive data subsumed under each theme category.

Thematic analysis was used to analyze the data obtained from the FGDs. First the responses were coded by paragraph and categorized them by using open code and then themes were used to describe the response of the participants.

Simultaneously, an investigation of the derivative and original meaning of the words used to label the major thematic categories was undertaken to assure that the theme category was a conceptual fit for the substantive data. Patton (1990) suggested that the theme categories should be judged by two criteria: "internal homogeneity and external heterogeneity" (p. 403). These judgments were based on the theme category making sense and explaining a particular grouping of concepts and the theme categories being mutually exclusive to the extent that the Differences among the theme categories were bold and clear.

The description of the essential themes was written and reworked several times. This entailed a back-and-forth process during the analysis and synthesis of the data to assure the accuracy of the theme categories and the placement of the data in the theme categories. The participants are presented with pseudo names.

3.7. Trustworthiness and Data Quality Assurance

Silverman (2000) stressed the importance of the quality and trustworthiness in qualitative research. As a qualitative study in order to ensure trustworthiness in this research the researcher triangulated the information gathered from the in-depth interviews with key informant and Focus Group Discussions (Shenton, 2004). To this end, utmost effort was made to avoid mistakes during transcription, coding, and categorizing.

Trustworthiness refers to the criterion that is used to evaluate the truth value of qualitative studies. Trustworthiness was met by tape recording conversations with the participants and assisting them to provide clear, vivid descriptions of their experiences. Participants were selected on their ability to articulate the phenomenon under study. During the conversational interviews with the participants, an atmosphere of trust was created so that they could share their stories in an open, honest manner.

3.8. Ethical Considerations

Participation of respondents was strictly voluntary based. Participants were fully informed as to the purpose of the study. Following verbal description of the research project, the participants gave an oral consent. Measures were taken to ensure the respect, dignity and freedom of each individual participating in the study. Research Participants were informed that the information they provide would be kept confidential and would not be disclosed to anyone else including anyone in the Association.

CHAPTER FOUR

FINDINGS

Here the findings of the study are presented mainly in line with the research objectives and presented in different parts. The first part focused on the background information of the respondents, the second part presents the perception of violence, the third one causes of violence; the fourth part about the measures taken after the occurrence of violence and the results of the measures, the fifth part is on impact of violence and lastly the comments of research participants on what to be done to combat violence are presented.

4.1. Background Information of Research Participants

In this section, the socio-demographic characteristics of the participants are presented. The socio-demographic characteristics analysis includes the age, marital status, number of children and educational background. Ten women with disabilities are purposely selected to participate based on prearranged inclusion criteria. Participants were at the age range of 25 to 42 years.

Related to marriage the background information of participants indicates that the majorities have experienced relationship breakdowns. While three of them are separated, one is divorced. Four of the participants were never married. Two of them are still living with male partners. Moreover, four of them don't have children however the rest have from one to three children.

Two participants, attended college education, two of them are still at elementary and two of them have not completed high school, and two of them did not enter to regular education. The rest of them have attended technical and vocational schools

The table below shows the participants socio- demographic characteristics.

Participants pseudo names	Age(at time of Interview)	Condition of Disability	Level of education	Marital status	Employment	Number of children
Woubalem	39	Visual impairment	Diploma in law	separated	Temporary	2
Marta	27	Physical impairment	No	separated	No	1
Tsedey	38	Hearing impairment	10+1	married	Janitor	3
Alem	40	Hearing impairment	Grade 11	Married	No	No
Fanaye	25	Hearing impairment	10+3	separated	No	1
Emebet	36	Physical impairment	Grade 12	Single	No	No
Hirut	40	Visual impairment	College student	single	Private organization	No
Saba	27	Mental retardation	Grade 4	Single	No	No
Abeba	31	Physical impairment	No	divorced	No	1
Zinash	42	Visual impairment	Grade 3	Single	No	1

Table- 1- *Socio-Demographic Characteristics of Research Participants*

4.2. Perception of Violence by Participants

Participants understood violence in many ways. Some of them explained it as a rape, insulting and others said it's undermining, mistreating, lack of employment and educational opportunities, unsuitable environment to people with disabilities. It is clear from their response that the participants understanding of violence is influenced by them being women with disabilities. The data also revealed that violence was understood by respondents as a means to make sense of the problem they faced in the society and the actual reality they lived in. The following ideas taken from the interviewees give a further explanation for the proposition mentioned above.

Woubalem explained;

Violence includes, physical and sexual violence, thinking of the society towards women with disabilities that they couldn't work, demoralizing by pejorative words, cheating women with disabilities, not getting job opportunities when I have the capacity and when the job is available because of disability, negative attitude towards women with disabilities in general.

In addition Marta stated;

I observed violence from various dimensions. Violence includes economic dependency, unable to learn and not able to work equally with other women, not to be heard when we talk ... expected to work in 3 or 4 floor of the building while still the environment is not accessible to people with disabilities, isolation and discrimination, not getting practical response from government organs, and

considering women with disabilities as incapable, the violence also goes beyond this insulting, sexual harassment and even raping.

Similarly Tsedey also stated, *“It [Violence] includes rape, psychological, verbal abuse cheating women with disabilities, especially women with hearing disabilities.”* For Alem, Violence is, *“rape, early marriage, not getting educational and employment opportunities”*. Emebet stated, *“Sexual and physical violence in relation to women with disabilities, any violence because of being women also violence in my opinion.”*

For Saba, *“Violence includes sexual relationship without my consent, biting, insulting because of my health situation.”* For Ababa, *“violence includes rape, violence by husband, the negative attitude towards women with disabilities, by the society and family, not treating women with disabilities equal with other members of the society.”*

Zinash said, *“For me violence means not getting job, educational opportunities because I am visually impaired, it also includes words that affected me morally and not getting services from different organs of the government because of disability.”*

4.3. Experiences of Violence

In this research I collected stories of women with disabilities who have already faced violence in their lives. The women whose stories I collected faced various forms of violence. They faced physical violence, neglected or abandoned by family. Others were not receiving equal care with other family members. Some of the participants faced sexual violence and were raped. But most of them faced verbal and psychological violence. There is also violence simply because of being women with disabilities. According to one key informant;

Violence faced by women with disabilities includes physical, sexual, and verbal and disability based violence. When a woman faced one type of violence for example a sexual violence, it will bring also other types of violence such as psychological or verbal and physical (KI₁).

Data gathered from FGD₁ and FGD₂ also implies physical abuses by family members and in transportation, sexual violence; undermining and discriminating of women with disabilities are frequent.

4.3.1. Physical Violence

Women with disabilities face physical violence by their family members, at home and out of their home. They are violated by different people at different places. For example, when they travel they are violated in transportation as well as on road when they walk. The discussion with women with disability indicates that there is a recurrent physical violence by family members and strangers. The nature of the physical violence the women face includes, beating their different parts of body, hindering them from passing road, forcing the women to work hard labor beyond their capacity. The research participants experience the physical abuse presented below; For instance, Woubalem stated;

In this year around September I was very tired I was in Merkato for selling goods then it was dark ...I was getting into a bus, there is no chair and then I sat on the motors. The driver got in to the bus and said “stand up!” Not only that but he also beat me and hit me on my back, my face was on the other side where the people get entered. And I said my brother why do you hit me you can say stand up from the motors I am visually impaired. But his response was amazing. He

said, “why not only a visually impaired, if you have additional who cares.” I again said I can be anything but aren’t you expected to say stand up rather than hitting me? He responded, “I told you I will throw you out from the bus”, and then I said may God show mercy on you and I became silent.

Similarly Hirut and Saba also faced physical violence. While sharing her, experience Saba stated, “*My cousin hit me every time. ‘He [the cousin] goes out for drinking most of the nights and when he comes back home he start quarreling. He begins by telling me that I am not important person and then he begins hitting me.’*”

Zinash said, “*Even before 15 days, my mother hit me in front of congregation*”. Hirut explained, “*... when I walk on a road, people do not allow me to pass they block the road and disappoint me.*”

In addition, there is a situation that women with disability need the support of other person. If this person deliberately ignores these needs, this is considered to be physical violence In this regard Tsedey stated, “*Four years ago while I was going on a road, I got car accident. When the driver was asked, he responded that I couldn’t hear the horn voice of the car. But the accident was happened on the pedestrian road.*” As respondent stated, after the accident happened she was taken to hospital but the driver never asked her.

4.3.2. Sexual Violence

Research participants’ experiences of sexual violence ranged from one cases of being attacked by strangers on the street to sexual assault committed by persons known to the victim. In addition the sexual violence faced by women with disabilities includes rape which is both attempted and committed and unwanted body touching.

Rape

Three cases of sexual assault (rape) were mentioned – one was committed by a family member; one was an attempted sexual assault committed by strangers; and the other is by coworker of the victim's mother. Marta explained, *“Two years ago I faced a rape attempt while I was in the plastic house and it was in the midnight. However, I was able to escape with the help of two guards found in the nearby house.”*

Saba also described her experience by saying that, *“I was raped and pregnant a year ago. However, the sexual violence is still going on.”* Similarly Zinash commented her events as in the following way. *“It was night... and my mother was at home. My mother's co-worker, who is familiar to our house, raped me and I became pregnant.”*

Key informants also explained that there is a case in which a woman with physical disability are raped and gave birth from her uncle. The other case also happened that a woman gave birth from her cousin (KI 2). Data collected from the FGD₁ also shows one year ago there was a rape committed against a woman with mental problem.

Unwanted Body Touching

Hirut stated her case as; *“I confronted in many cases that the males asked to assist and support me. After that they touch me in my body parts and harassed me sexually at different times.”*

Ababa was faced such violence while she asked assistance from a car driver to take her to the hospital and in her words she said;

The car driver took me to the bed room of the hotel. He ordered food.

While we were waiting for the food, he started kissing me. As I started to

defend myself, the waiters saw the case and reported to the owner of the hotel. By the help of the waiters and the owner of the hotel, I could go home safely.

One of the Key informants also expressed that during the process of assisting women with disabilities; especially women with visual impairments unwanted body touching also happened (KI₂).

To summarize, it's possible to say that the collected data from the interviews, key informant and FGDs show women with disabilities face sexual violence day to day. They are in a serious problem. The perpetrator is either their family, or the people they know or strangers.

4.3.3. Emotional or Psychological Violence

Emotional or psychological violence were mentioned by the interviewees and they are common to women with disabilities. Verbal harassment was commonly reported to be ongoing but committed in a series of disparate incidents by the involvement of different people, mostly by strangers either on the street or on public transport. In addition this violence commonly occurred in the victim's immediate neighborhood. The verbal or psychological violence is related to insulting, undermining, discriminating or isolating and generally having negative attitude towards women with disabilities. Key informants described, "*Society has a negative attitude towards women with disability. Even when they face harassment or sexual abuse and report to their friends or the society they are not trusted since they are thought as unwanted citizen*" (KI₁). And Verbal abuse like "*disable woman,*" verbal violence and undermining towards women with mental disabilities existed."(KI₂).

In the following paragraphs the researcher attempts to present the nature of psychological or verbal violence face the women with disabilities. These data are collected from the research participants, two key informants and from two FGDs.

Insulting

Women with disability face violence that abuses them in words. The nature of the words are in some cases related to their impairments and in other circumstances related to lack of respect and negative attitude towards these women. This violence comes from strangers, neighborhood and other people who have an interaction with women with disabilities. The experience of three interviewees also indicates these ideas.

Woubalem stated;

During my conversation with people, I raised ideas and when there is something which leads to disagreements, then the people want to try to injure me by words than physical actions, they said that, “they do not need to talk with me” and they said “she is already injured.” I have children, some people said why you give birth while you are in this situation (visual impairment) you are disabled and again you gave birth and get suffered.

Tsedey commented;

I was starting to learn at *Kotebe* Teachers Training College in 2014 but I couldn't continue because the attitude of the people in the society enforced me to quit learning there. Some people told me that learning doesn't give any value for my life.

The views of the participants were also supported by the focus group discussion.

When we couldn't hear they say you are "deaf". When we couldn't walk they said you are "lame" (one participant in FGD₂).

Undermining

In addition to insulting, Women with disabilities face psychological abuse through undermining them. This happened mostly by the strangers and it is related generally with their disability situation.

One of the research respondents, Woubalem explained her confrontation in the society this way;

Even when I don't make a mistake then without checking the facts the society blames me. The visual impaired persons even when working we are considered as beggars , even now during I sell goods, people give me 10 or 50 cents, and I tried to explain them so that they would understand that I want to work rather than begging. However, other said you become arrogant...when someone wants to know something they don't ask me any information and ask other person from a distant who don't provide information better than me. They don't give me a chance to explain my idea as other people do.

She further explained;

They [buyers] assumed it [soft paper] like a cheap thing, the size or the amount is small because I sell it, ... the goods I sell is not considered to be neat." "I got married but my husband could not live with me longer because of the attitude of the society towards me.

The other respondent Emebet stated her event in this way. *“When I go to the home of my neighbours or other people, house in the case of death or wedding ceremony, they say no need of coming and they do not consider me like any other people.”*

Discriminating

The other psychological violence faced by the women is discrimination which is unable to get equal treatment with other people in the society. The discrimination can be expressed by prohibiting women with disability from using common community properties, refusing them to give a chance of participating on different programs. In the case of job opportunities, they don't have equal chance for competition. Discrimination is also observed in school.

The experience of Marta, Hirut and Alem provide more explanation on the psychological violence happened due to discrimination. Marta describes the discrimination she faced, *“In the place where I lived, the society prohibits me from using the toilet and refused me to use ropes for hanging my cloths...No one considered me like the part of the society.”*

Hirut also faces similar problems in the college as she said, *“The students exclude me from the group assignments, and they don't want to support me to read materials in the library and even when the teacher writes something in the black board.”* Alem said, *“Still I don't have any active participation within the community. Because the society discriminates me don't treat me like other women.”*

Further, during the focus group discussion participants specifically state their hindrance of participation as presented below.

We are not participating in youth association, women association found in the woreda we live.....in films and music clips offer.... we are not invited for

dances that can incorporate women with disabilities. The media talked less about people with disabilities. It is only in some cases that women with hearing disabilities get media coverage (four participants in FGD₂).

Further, participants in the FGD talk about not having a boyfriend and marital relationship because of only being women with disabilities (one participant in FGD₁).

Creating a psychological violence by taking the women's assistance material is happened in this regard. Hirut cited her experience, *"My house is located ... which is very dark during night... and when I walk people hinder me from passing and they also try to take my cane."*

4.4. Disability Based Violence

The participants face violence that is related to their disability situation. That means this type of violence is targeted only on people with disability. The nature of this violence is lack of opportunities, treatment, access to various opportunities because they are women with disability. The following parts present the society's influence on women with disability.

4.4.1. Lack of Employment Opportunities

One of the most disability based violence faced by the women is being unable to get employment opportunities in different companies. Though the women have the skill, capacity, experience and fulfill the criteria the job requires, they couldn't get the job. Even after the employer agreed to hire the women, there is a possibility of changing their idea and refuse to employ them. The experience of Woubalem, Tseday and Ababa are presented here.

Woubalem described that;

I have a diploma in Law but I couldn't get job... I can't get the chance to be hired even at lower levels of employment positions. Even if I can work there the attitude from the society couldn't allow me to do.

Tsedey also stated, *"I was working at beauty salon and after I got car accident though I was recovered from the injuries the owner of the beauty salon prohibited me from continuing the work. But I have the medical and court evidences in my hands."*

Ababa stated that she cannot find jobs due to her physical condition and she explained that two employers after looking her physical situation refused to hire her.

I have a skill of operating sewing machine. I also have work experience related to it ... the owner of the garment factory, after looking at my physical condition ... He then said you couldn't work in this condition. Imagine the work was carried out by one leg. However, he replied, "there may be an accident happened and it may be problematic for you, and people with disabilities are not easy and don't have good personality so I don't want to employ you."

And her second experience was;

Ten months ago, the bakery around my village was seeking for a large number of employees. I was registered with other job seekers. The number of job seekers and the number of workers that is needed for the bakery is almost equal. The manager of the bakery told us that all the registered job seekers would get the chance of working there. In the afternoon, he realized that I am a woman with disability, and told me that I cannot get a chance of working there.

Key informant also mentioned that the women do not going out of their home, not get a chance of employment and even when they get the opportunity it's rare to get promotion at their work place (KI 2).

4.4.2. Lack of Educational Opportunities

The other disability based violence that is faced by women is denial of educational opportunities. Educational opportunities deprived of mostly by the family of the women. Three of the research participants explained that because they are women with disability, they couldn't get educational opportunities because of their families' negative attitude towards their education value. One of the key informant also stated, "*Educational opportunities are denied for being a person with disabilities*" (KI 1).

Ababa was forced to work at home and she couldn't get the chance to learn like her sisters and brothers. Her comments are the following;

My elder and young sisters and brothers were educated. I couldn't get a chance of learning only because of my physical impairment. I couldn't go out of home for long years, and I was forced to do all the activities at my family home. No one shared me the house the activities.

Zinash was also unable to continue after grade four and she was doing all the household activities. "*I couldn't learn like my sisters and brothers, my mother does not treat me like other children, instead, she forced me to work every activity in our home, and treats me like a housemaid.*"

Key informants also mentioned, “*A women with physical disability born and raised in Addis Ababa could not read and even write her name because she could not get educational opportunity*” (KI₂).

Even after the women were able to reach at college or university level the inaccessibility of educational materials and teaching methods can be their challenges.

Hirut, one of my respondents, who is visually impaired mentioned, “*The education materials and the reference books are rarely found in brail and not accessible for people with visual impairments.*”

Participants in focus group discussion revealed that women with visual impairments don't find a person who read for them during exam time, and the exam is not available in Brail. Thus, they will miss the exam and may be expected to take the course or the exam other time. There is also a difficult situation for students at the university with hearing disabilities because they couldn't understand what the teacher teaches. They don't get an interpreter easily, thus, their grade will be not good and their chance is either withdrawal or dismissal from the university due to lack of proper instructional media. (one participant in FGD₂).

4.4.3. Unsuitable Physical Environment

Women with physical and visual disabilities face a challenge due to the roads constructed without consideration of them, transportations, buildings found in most public services where disabled people could not get service due to lack of consideration of the people with disability.

Marta said;

Now I live in the street with in plastic house, in order to get a house, it's expected from me to go to *woreda* which is located at the fourth floor which is difficult to climb up the stair and even after I go there I don't get the house.

Hirut added her events related to the problem with roads, *"I fell in to the road which is dug because of construction and not covered. There is no protection for people with visual impairment."*

Participants in FGD₁ also mentioned that women with disabilities face violence while during using transportation. The buses are not comfortable for women with physical disability to get in to, the drivers not want person with physical disability to use the buses. Further, lack of accessibility indifferent buildings for women with disabilities are great challenges.

Similarly one of the Key informants mentioned that the taxi driver was not willing to take the women with physical disability, so transportation is unsuitable for the women including the service providers (KI₂).

4.5. Causes of Violence against Women with Disabilities

Women with disabilities face different types of violence. The reason for the occurrence may differ by context and types of disability. However, the main reasons for violence against women with disabilities are included in this study.

4.5.1. Dislike towards the Disabled Person, lack of Awareness or considering them as Inferiors

The verbal abuse reported by the interviewees that either accompanied physical attacks or occurred as standalone incidents reveal the prejudice that women with disability experience. The

interviewees perceived that the prejudice acted as a motivating factor for perpetrators in carrying out these types of incidents.

Woubalem described, *“The bus driver after he hit me on my back he started to say even if we are good for people with disabilities they are not good to us.”*

In some of the cases where negative attitude towards women with disabilities was identified as a motivating factor, interviewees felt that their impairment was associated with other negative identities. This labeling was felt to be a direct consequence of negative attitudes towards the victim’s impairment.

Marta also shared this, *“In my view it’s because of undermining and not giving value to people with disabilities....because the males assumed we are not sexually active and free from diseases.”* She added;

Even if I have the capacity I couldn’t do that because they assumed me not able to do that, even after we do something the society not consider that it is done by me or us. They are doing this because they assumed that I can’t reach any success, I couldn’t bring anything on them I can’t defend myself.

The same opinion was also obtained from Alem as she mentioned, *“Because the society discriminate me in that refuse to give me an equal status with other women.”*

The women described how they felt not being regarded as equal members of the family due to their disability. This sometimes leads to direct violence and in other cases makes the women more vulnerable to violence.

The other cause mentioned by the research participants was lack of awareness in the family and at the societal level.

Zinash said;

My mother is not educated. In addition, my families don't have a hope that I have value for them and myself. They don't think that I would achieve a success. My mother couldn't have given my child to orphanage if she has thought on the matter very well.

Tsedey said, *“Lack of awareness about disability...because of misunderstanding between women with hearing disabilities and the rest of the society.”*

One of the Key informant also stated that acts of targeted violence to be perpetrated against women with disabilities because they are seen as of low value. *“Sometimes, [they] don't see the women with disabilities as a person”* (KI₁).

Further the key informant explained the causes of violence against women with disabilities are the attitude of the society towards women with disabilities. That means the society believe that women with disabilities are sexually inactive, no one want them so that they are not infected and free from sexually caused diseases like HIV/ AIDS (KI₁).

Part of what makes women with a disability more vulnerable to violence is the fact that they are excluded from education about protecting themselves from violence. Many people do not believe that rape would be a threat to women with a disability or that their children with a disability would have a sex-life in their adolescence. And many people in society consider them as sexually inactive (KI₁).

Further the parents of the women with Disabilities not considered that they will be abused specially in the case of sexual violence. Thus, the parents do not provide them with a advice while they were a child on how to protect themselves. This creates a problem when the women

with disabilities get older and face such problem. The other cause is lack of awareness about women with disabilities and considering themselves as inferiors (KI₁).

Woubalem commented, *“People judged us we are not good persons... The attitude of the society is still not changed. It is now early to find the attitudinal change in the society.”*

Emebet and Ababa also shared the views of other participants

“...because they don't give any value for us. I can do any activities but other women can make injera while she is stand up but I cannot, other women can wash their clothes while she is stand up but I couldn't do that” (Emebet).

Ababa added;

They [parents] don't have any future hope on me. Still no one come to my home from my families because they don't have any hope in that I can work and earn income, they don't think that I will do the same for them... he [husband] abandoned me because he undermined me, even when we go to some place together he goes ahead of me or become late and created distance from me.

4.5.2. Economic Dependency

Economic dependency can give rise to increased risk of targeted violence and this is more occurred when a women is dependent on another for food, clothing, shelter. In this research also economic dependency has been cited by the participants as a cause for the violence against women with disabilities.

Key informants stated; *“Many women with disabilities are economically depending on other people. Others even depend on the assistant of the abuser.”*(KI₁). *“These women in most cases depend on the support of the others, there is an assumption on the side of the abuser*

that the women is in their [perpetrator] control and not has any place to go and could not defend themselves.”(KI₂).

Zinash stated, *“My brothers and sisters don’t have positive attitude towards me, they want the person who have money and able to support them”*

Marta added;

It [violence] happened because I don’t have money, I am economically dependent and I live with the help of few people. If I have money, I can rent the house, my life would be Secured and able to live together and integrate with the society.

4.5.3. Gaps in Implementation of the Law

Implementation problem of laws in relation to women with disabilities also rose by one interviewee.

The law provides protection for women with disabilities however we don’t see the implementation. We pass many ups and downs in our life to get law coverage. What is said about people with disabilities is not actually there in practice. ...If the government does practical changes and implementing the law, then the society will respect the law so that conducive environment may be created for the neglected society group (Marta).

4.5.4. Because they are Women with Disabilities

Violence happened to women with disability in general and women with physical and visual impairment in particular because these women cannot follow and identify the abusers.

Data gathered from the research participants substantiate this.

Hirut stated;

We can't see and identify our abusers... I know one woman with visual disability went to one place and she couldn't find the place she wanted to go and she got two people. They told her that they will show the place and take her to other way where she was raped by one of them. ... after that she became pregnant and gave birth.

Similarly due to her physical condition, Marta was not able to reach and identify the people who attempted to rape her. "*...I couldn't identify them, I was sleeping, it was dark and I couldn't go to the door*" (Marta).

Saba also added her condition;

Because I am mentally retarded, I couldn't defend myself, I couldn't tell what happened to others and I don't have anyone to help me. My parents died and I have a step mother who lives with me but she is a very old woman with visual impairment.

In the FGD₂ participants explained not accepting oneself as women with disability raised as a cause for violence particularly for psychological violence. The cause is like vicious circle. That means poverty exposed women with disabilities to violence and the violence itself lead them to live in poverty (KI₂).

4.6. The Measure Taken by the Women after they Faced Violence

Women with disabilities after they faced violence it's occasional to report the case to the police, court and other organs of the government. The women rather keep silent especially when

a verbal or psychological violence happened. The data gathered from key informants, Focus Group Discussions and in depth interviews confirms this.

“Women with disabilities not informing the violence they faced, they feared to report and even when they reported they do it late so that evidences will be lost to take action against the abuser” (KI₁).

All the violence cases are not reported, especially when the violence is committed by family members, it is not reported and only small cases are reported if it is done. Even in small cases the report is made too late even for EWDNA. There is a problem among women even to share for their peers (KI₂).

4.6.1. Keeping the Matters and Become Silent

Woubalem and Alem respond to the question they were asked about their measure after they faced violence. Their response is presented as follows.

woubalem ; *“When I faced physical and psychological violence I did not tell to any person because I believe that quarreled will be solved when I become calm....”*

Alem also responded as; *“When I faced any problem I am not telling to any person, the reason is I thought it [violence] happened because of my situation and I don’t think I will find solution.”*

4.6.2. Report to the Police, Bring Cases to Court and other Organs of the Government

Some of the women interviewed for the present study attempted to find justice for the violence that happened to them. Marta shared her experience in the following way;

I faced an attempted rape by breaking the door. I called around 11 times to the police but no one has arrived...., now I live in the street within a plastics house, I asked the Woreda two times, to give me house ...in the place where I lived the society prohibited me from using the public toilet around my plastic house. When I wash my clothes, I don't have space to put them on the sun to make them dry and I reported this case to the woreda...

Fanaye after her husband abandoned her, she report to the *Woreda* women and children affairs office.

I was also trying to take the disagreement between me and my husband to the court. My husband was asked by the Woreda Women and Children Affairs Office to provide support to me and my child. He responded that he doesn't want to come and live with me but he agreed to provide 300 birr per month as a support to the child. However, he never provides the money.

Among the research participants three of them brought their cases to the court after they faced violence. The words of Tsedey and Ababa are stated in this section.

Ababa said, "*I preceded the case against my husband at court....*" Similarly, Tsedey said, "*I have taken the car accident happened on me to the court.*"

4.6.3. Other Measures taken by the Research Participants

As the research respondents state some of them bring their case to the visitors and the others appeal their cases to the government organs or defending themselves.

Saba faces sexual violence, but never reported to police and to the court. However, she informed the case when one NGO conducted a home visit of the women with disability. Her words are presented as follows.

I told my history to the people who were visiting women with disabilities. It was a year ago when they came to my home and visited me. The peoples are representatives of an NGO and other women with disabilities. After they heard the story, the NGO provided me a support to get training and able to get skills related to sewing machine. However, I couldn't get a job. In addition they provided me with contraceptives.

Emebet also chose to defend her rather than informing to government organs. In her words, *"I tried to defend myself. During the night the males tried to attack me I was screaming."*

4.6.4. Reasons for not Reporting

In this research physical, procedural and attitudinal barriers, economic problem, the relationship between the victim and the perpetrator, lack of confidence on the police and fear of the perpetrator are raised as reasons for not reporting their cases. In the following section, findings in relation to the barriers for reporting are presented in detail.

Economic Problems

The economic capacity of the women is raised as one reason of hindering the victim from reporting and follow up their cases. Fanaye and Ababa explained their financial capacity that hindered them after taking their case to court in order get redress against their husband.

Fanaye said, *"I don't have money to follow the case."* Ababa stated, *"It was challenging because I didn't have money for writing and filling a suit."*

Lack of supporting organs

Women with disability after facing violence, they need supporting organs to provide them with a shelter, financial support and, psychological support. Lack of supporting organs was raised by Saba as a hindrance from reporting to the concerned organ.

Saba described her case as follows;

I don't have a place to go if I reported the case to the police because my abuser is my relative whose house I live in. Since the violator is relative, every family not volunteer to report the case. Even my neighbors know the situation but they feared to help me and report the case.

In addition, one of the key informants confirmed the women with disabilities do not get legal protection after they report the case and the women will not have the place to go after report (KI₂).

Unable to Get Witness

Women with visual impairment were unable to inform the violence because they cannot see and identify the perpetrator. Similar problems happened on women with physical disability. In other cases the perpetrator is unknown. This means that most women lack the necessary evidence to go to court and seek justice since they are discriminated once and no one cares about their issue.

Woubalem described her challenges of getting witness for her events in the following way;

When I want to appeal my case to the police, they asked me to bring the witness but how can I identify them, I couldn't see and I couldn't ask them to be my

witness, even people do not collaborate to help people without disabilities since they don't want to involve in such kind of matters.

The experience of Marta also shows that physical impairment hinders the women from follow up and identifying the defendant as she stated, "*The police asked me to identify the persons but I couldn't, I was in a deep sleep, it was dark and I couldn't go to the door. The police said if you don't have the witness it's not possible to precede the complaint.*"

Further, visually impaired women could not identify the abuser so it's difficult to follow up and take action (KI₁). In rape cases there is frequent need for witnesses of the incidence, a prerequisite that is often impossible to fulfill (KI₂).

Not have a Trust on Justice System

The other reason for less reporting of violence is the women don't have a trust on the justice and they don't believe that they will get a solution (KI₁).

For instance Woubalem stated;

When I report to the police they asked me to bring witness which I could not identify since I cannot see so I cannot bring the witness. I don't think that I will get remedy by telling or reporting the violence.

Unsuitable Physical Environment

The infrastructures in different legal bodies are not suitable for women with disabilities. The findings show that physically impaired women could not report the case because the infrastructure is not suitable for them (two participants in FGD₁). Most offices are on buildings without elevators so that people with disability cannot climb up the stairs.

The experience of Ababa also provide the evidence on how the infrastructure is a barrier from follow up of the case as she mentioned, *“the building where the court situated was not suitable for me [she is physically impaired] transport cost is also a challenge.”*

Lack of Translators or Interpreters

The courts do not provide a sign-language interpreter and women with hearing impairments depend on the judge’s directions as to whether an unofficial sign-language interpreter is accepted.

The issue of two interviewees is presented in this section.

“I couldn’t handle the case I have in the court due to unsuitable condition and there are no facilities for people with hearing disabilities. It also needs repeatedly coming to the court appointment” (Tsedey).

“There is not an interpreter in the court and it was difficult to communicate and describe my problem. I couldn’t follow and fill cases against my husband because of my situation” (Fanaye).

The key informants mentioned that women faced different types of disabilities like hearing, talking and so on. Thus it is difficult to communicate with police and other legal bodies (KI₁). The police and other legal bodies not provide a special concern for women with disabilities, not provide an interpreter who couldn’t listen. When the women go to the court or police station they asked them to bring an interpreter which is difficult for them (two participants in FGD₂).

The Relationship between the Victim and Abuser

The abuser may be from the relative and neighborhoods of the victim. This also brings an impact on reporting. Data gathered from key informants provide evidence for this idea.

The reason is when the abuser is the relative of the women; the women will not have the place to go or be safe after report. In addition, the women do not get evidence to report the cases, not having enough money to precede the case, to go to police station, court, and when they are economically dependent on the abuser (KI₁).

Lack of Awareness on their Rights and the Legal Procedures

Lack of awareness about their right and legal procedures, and where and to whom they report their case and they don't have a person to support them in reporting and follow up the cases (KI₁, one participant in FGD₁ and three participants in FGD₂).

4.7. Outcome of the Measures taken by Women with Disabilities

The women who faced violence and reported their cases get different responses. In some situations they get remedies however in many cases they don't get responses.

4.7.1. Not able to get Response and Stopped the Proceeding

Some of the participants experience shows that after they informed the problem they faced to the relevant organs they couldn't get solution. To have more explanation;

Marta said, *"I couldn't find solution, I cannot use the toilet, kitchen ...I again asked to have a house ...they [woreda officials] gave me a kitchen without considering my situation and it needs to be repaired. I couldn't live within it. If I were able to repair the house I wouldn't have asked to get a house."*

Fanaye also mentioned, *“But still now he [husband] doesn’t send anything. But he is a worker now I heard he lives out of Addis Ababa but I don’t know exactly where he is about.”*

Ababa added, *“I report to the police when one employer refused to hire me. However, the police responding that it’s the employer has the right to higher or not to hire.”*

4.7.2. Pending the Cases

Zinash after her child was given for the orphanage center without her consent, she reported the case to the police and she expressed her experience in the following manner;

The police gave me many reasons for the delaying of the case. Once the police said the organization doesn’t have the document related to my child, on other day they also told me that I don’t have witnesses and evidences to satisfy the claim.

4.7.3. Getting Redress

On the other hand, interviews from two women with disability indicated the cases that reported by women with disabilities became fruitful.

Ababa experienced the following;

... I proceeded the case against my husband... the court finally rendered a decision and my ex husband is obliged to pay alimony of birr 500 in every month to my child and it is a great success.

Tsedey also described, *“I reported the car accident that happened on me. And the court decided around 32, 000 birr to be compensated for my injury. But the defendant asked an appeal to high court and the case is still pending.”*

4.8. Impacts of Violence against Women with Disabilities

Data collected for this particular study shows that violence on women with disabilities has an impact in their life. These includes lack of hope, isolate oneself from the society, living in poverty, exposed to unwanted pregnancy, unable to contribute to the society based on their capacity. These impacts were also supported by the FGDs and key informant interviews

4.8.1. Isolation

The discussion in the FGD reveals that the violence forced the women with disabilities to form an association and having an interaction among themselves, their interaction is limited and isolated from the other society (one participant in FGD₂).

In addition, in depth interviews with women with disabilities also experience this. Marta because she doesn't have money and cannot rent the house she is isolated from the society as she mentioned, "... *"I couldn't live and integrate with the society because I lost many things"*. The same impact happened to Alem, *"Still I don't have an active participation within the community because the society discriminated me and does not provide me a status equal with other women."* Addis also stated, *"I had two "ye setoch Iddir" but I left both of them because the influence from the members... now I am not a member."*

Zinash *"I don't have relations with the society; I don't think the society has positive attitude towards me, you know that my mom is rejecting and forced me to leave the home so how can other members of the society accepting me?"*

4.8.2. Unable to Contribute for the Society

Women with disability have capacities, skills and able to benefits themselves, their families and the rest of the society. However, violence hindered them to offer such contribution.

Marta stated, *“I cannot compete and be equal with other members of the society. I couldn’t do things in my capacity and I couldn’t realize what I have in my mind.”* Addis stated, *“Because of the negative attitude towards women with disabilities I couldn’t work and able to get an income and also not able to contribute to the society.”*

Further, the key informants described that women with disabilities because of the violence they faced they sometimes extremely hate others and develop negative attitude towards the society and in the case of sexual abuse they have disliking towards male. Further, the women will loss trust to the whole society. The women developed an attitude that the violence happened because they couldn’t defend themselves, because of my physical disabilities (KI₁ and KI₂).

4.8.3. Loss of Hope

One of the Key informants gives an insight that women with disabilities could not achieve their objectives because of violence they faced.

The key informant explained:

cases reported to EWDNA about women with physical disabilities (using wheel chair) not getting any educational opportunities and was forced to raise children of her brothers and sisters tried to commit suicide because of the physical abuse faced by her brothers and sisters,... violence makes women with disabilities to loss their hope.

Zelalem also shared her views like this *“I don’t have any hope that my life will be changed after this time. I tried in many instances to commit suicide, I was drinking poisoned things but I survived.”*

Further, the primary data that I gathered from key informants reveal the impacts like, the women because of the violence they faced, they lost their hope, they become more economical dependent on others, they were not able to interact and participate in the society, not able to get promotion in work place. Violence precludes from using the capacities of women with disabilities. Further because the violence they faced the women do not have trust to their husbands and other people. It prohibits women empowerment by saying that you need additional expenses to do this or that job. It affects and hinders women from working. The women also faced health problems in relation to reproduction (KI₂, one participant in FGD₁ and one participant in FGD₂).

4.9. What to be done to Improve the Lives of Women with Disabilities

Research participants, key informants and participants of the two FGDs provide comments on what to be done in order to tackle violence against women with disability. The comments include creating awareness, providing training and support and suitable environment to women with disabilities.

4.9.1. Awareness Creation

Most of the participants believe that the major cause of violence against women with disabilities is lack of awareness and they suggest creating awareness in the community that they should be considered equal to all other women.

Zinash commented, *“in order to improve the situation there is a need to have changes on attitude towards people with disabilities in general.”*

Ababa also provides similar opinion;

There should be an awareness creation program in the media and other means to the society to have a positive attitude and about the rights of women with disabilities. NGOs should work towards awareness on the capacities and contribution of women with disabilities to the society.

Hirut also stated, *“Awareness should be created for college students and the society as a whole about people with disabilities.”*

Woubalem commented;

The media, radio expected to provide information about women with disabilities, the society should change their attitude their words like “they are”, the society should have an understanding that we can live together, awareness programs should be prepared like in coffee ceremony to have a discussion with the community.

And the society needs to have an understanding about disability and the rights of women with disabilities (KI₁ and KI₂).

4.9.2. Suitable Environment for Women with Disabilities

Further the participants stressed to have an environment considering the women with disabilities. Ababa mentioned, *“The buildings should be constructed by considering the interest and needs of women with disabilities.”*

The infrastructure should be suitable for women with disabilities to report and the government and other body should provide support to women with disabilities to be heard or to report the violence. (KI₂).

4.9.3. Training and Support

As the data collected from women, key informants and FGDs indicated, the major challenge for women with disabilities are lack of training, income and unable to get job opportunities in different working environments. Thus, they suggested getting support and training that helps to be self sufficient. It's more explanatory to put the proposition of the women themselves.

Training should be given to women with disabilities about their rights and duties, when violence happened there is a need to have a knowledge where and how to report the case. There is a need to have psychological training to develop self esteem and confidence of women with disabilities. Employment opportunities should be available... (Woubalem).

Saba stated;

Need support to women with mental health problems...if I got a support and place to live I could leave my home need shelter for women with disabilities who faced violence. Now I am getting an income from washing clothes of the people however the income is not satisfactory and employment opportunities should be available to women with disabilities to defend ourselves.

Marta also said, *“the government should balance and make practical on what says we can do things which is possible by one of my hands, if we get opportunities to work based on our needs and interests I believe that I can do that.”*

Emebet recommends that;

Women with disabilities who faced violence need to have support from the government and any other bodies to get shelter after they reported the violence cases. In addition, awareness creating activities should be conducted in order to bring an attitude change from the society.

Ababa added, *“Its better if our demands get immediate response and if there is an organ that heard and give a response when we faced violence.”* Key informants suggest that in order to improve the problem need to provide training to the women in order to enhance their self esteem and confidence (KI₁ and KI₂).

4.9.4. Interpreter or Translators to be Available

Two interviewees also commented the need to have interpreters in the justice system.

“...there should be an interpreter in court and other legal systems like the police” (Fanaye). *“Need to have an interpreter in court and other legal bodies otherwise it’s difficult to communicate well”* (Tsedey). Key informants and the Participants in both FGDs commented that in order to improve the problem need to provide training to the women in order to enhance their self esteem and confidence.

There is a need to have an interpreter in court, police station and other legal bodies who assist women with hearing disabilities. Further materials in relation to the rights of women with disabilities should be available and to be reached for visually impaired and women with hearing disabilities. And the society needs to have an understanding about disability and rights. The infrastructure should be suitable for women with disabilities to report and the government and

other body should provide support to women with disabilities to facilitate reporting (KI₁ and 2, FGD₁ and FGD₂).

4.10. Contribution of EWDNA to Prevent Violence against Women with Disabilities

Key Informants explained about the contribution of AWDNA to protect the women with disabilities from different types of violence in the following manner.

EWDNA has been providing training for women with disabilities to develop their self esteem, confidence and how to protect themselves in difficult conditions. Further, in order to minimize the economic dependency the Association in collaboration with other stakeholders train the women in different business skills like food preparing, hair making, and provide them with startup capital. The Association also facilitate for the women with disabilities to get training by other organs about their right and duties (KI₁).

The other key informant also stated;

EWDNA provide one of the most important opportunities for the members to have regular meetings among women with disabilities in every 15 days that provide an important opportunity to share experiences, to discuss their personal problems and opportunities. The meeting conducted by themselves but we provide direction and when there is annual events like International Persons With Disabilities Day EWDNA invite guests and having discussion with members. Further, in order to minimize the economic dependency the organization in collaboration with other stakeholders train them in different business skills like food preparing, hair making, and provide them with startup capital.

CHAPTER FIVE

DISCUSSION CONCLUSION AND IMPLICATION FOR SOCIAL WORK

5.1. Discussion

As mentioned in the methodology section, by employing qualitative data sources, ten women with disabilities were included in the study. And two key informants interviewed and two focus group Discussions also conducted. The study provided experience of violence against women with disabilities. This section discusses on major findings based on the objective of the research and presents conclusions, and implications for social work by the researcher.

The violence faced by women with disabilities includes physical, sexual, psychological and disability based violence. The primary data shows that physical violence that the women faced include hitting and slapping on faces. Women with disabilities faced slapping and hitting by their family members and strangers. In the literature there are ranges of behaviors that can constitute physical abuse including hitting or pushing, slapping, punching, kicking or use of weapons (Mussie, 2006). But the primary data is different from the literature on the point that physical violence like punching, kicking and use of weapons is not exhibited in the findings. In addition neglect is a form of physical violence. Some women with disabilities depend on someone for some or all of their physical needs. If this person deliberately ignores these needs, this is physical violence (Brownridge, 2006).

The other violence faced by the women with disabilities was sexual violence. Sexual violence is the act of forcing (or attempting to force) a female through physical body harm or any means to engage in a sexual behavior against her will. Sexual violence includes unwanted

kissing or touching or making a woman doing something she doesn't want to do (Chappell, 2003; Abulie and Tesfaye, 2014).

Primary data collected from the women with disabilities, from key informants and focus group discussions reveal that sexual violence such as rape including attempted and committed, unwanted body touching and kissing were faced by women with disabilities. The perpetrators of this sexual violence are the relative or family member of the women and strangers.

Emotional or psychological violence can include doing or saying things that make a person feel scared or intimidated like yelling, constantly criticizing, insulting or threatening a person (Hightower and Smith, 2003). Data gathered from participants' shows that undermining, insulting with bad words, discriminating is common in women with disabilities.

Withholding medication and preventing a person from keeping connections with their family, friends and culture can also be considered emotional or psychological abuse (Hightower & Smith, 2003). However the researcher don't find from the primary data that indicates a psychological violence faced by women with disability due to withholding the medication of the women preventing the women from having relations to other society.

Disability based violence involves a diverse range of behaviors that, in addition to sexual assault and physical violence, includes being a target of impairment-related violence and abuse, ongoing neglect, the use of constraint or restrictive practices (Saxton et al., 2001).

Women with disabilities faced violence that bases on their situation, lack of employment opportunities, unsuitable physical environment for women with physical and visual impairments, unable to interact and integrate with the society, lack of educational opportunities and inaccessible materials for women with visual impairments, problem in the implementation

of laws, unable to get promotion at work place were the main disability based violence faced by the women with disability. The literature provides institutional violence (rigid regimes, poor quality care, unethical or unauthorized practices in response to challenging behaviors and mental ill health needs and breaches of professional boundaries by staff as a disability based violence (Saxton et al., 2001; Healey, 2013). But these types of violence were not identified from the data gathered. Thus, it can be said that there is a difference on the nature of the disability based violence found in the literature and in the data gathered for this research.

Based on the findings of this study, there are many reasons of violence against women with disability. Lack of awareness on the part of the society is the main cause. People assumed women with disabilities as they do not have the capacity and able to work and earn income, there is also an assumption that the women are inferior, free from any disease in the case of sexual violence. Economic dependency, negative attitude to women with disability and unsuitable environment are also mentioned as causes of violence. In the literature also the hates or dislikes and negative attitude of the society towards women with disability, inequality of value, women with disabilities are not seen as of equal to women without disabilities economic dependency raised as causes for violence against women with disability (Sin et.al, 2009).

Part of what makes women with a disability more vulnerable to violence is the fact that they are excluded from education about protecting themselves from violence. Increased dependency when a person is dependent on another for food, clothing, and shelter can give rise to increased risk of targeted violence (Deepak et al. 2014). Data gathered in this research shows that the families of women with disabilities not provide them with the knowledge how to protect themselves.

Moreover, the women faced different types of disabilities like hearing, speaking, which has caused difficulty to communicate with families, peers, the police and other concerned legal bodies. Further, visually impaired women couldn't identify the abuser so it's difficult to follow up, and take action. Sin et al. (2009) mentioned that women with disabilities after they faced violence they rarely reported. Researchers identified a number of barriers to reporting, particularly in relation to the police. The reason is a combination of lack of knowledge both on the women side and the society. Many women find that the police and the justice system are not supportive of their reports (Sin et al., 2009). In this research also findings reveals that there is a lack of implementation of the law and the women with disabilities are not taken seriously when reporting to the police. In rape cases there is frequently need for witnesses of the incidence, a prerequisite that is often impossible to fulfill. For women with visual impairments it's difficult to identify the abuser. The courts do not provide a sign-language interpreter and women with hearing impairments. On the women side lack of knowledge about their rights and how to precede the case is also a factor for violence against women with disabilities. The court and police buildings are in many cases inaccessible for wheelchairs users, which also decrease their ability to bring cases to court and police. In addition, the perpetrator may be from the relative and neighborhoods this also brings an impact on reporting. Further, the women with disabilities not get legal protection after they report the case.

Powers et al. (2009) stated that legislative instruments remain at the level of messages and are not being translated into practice. The awareness and use of these instruments are also inconsistent. Furthermore, women with disability themselves have low levels of awareness about their rights. Thus, it's possible to say that there is a similar causes found in the literature and in this findings in relation to the reason for under reporting.

Literature shows that stereotypes about people with disabilities can lead to dismissive and even negative response from the police. Additionally, the police may not wish to deal with the incidents (Burgess and Phillips, 2006, as cited in Sin et al., 2009). Similarly in this research also the police didn't provide the women with disabilities supports after they reported their problem to the police and the police tried to drop the investigation by providing reasons in relation to lack of enough evidences.

(Swedlund and Nosek, 2000) stated that the reported are unlikely to result in prosecution due to the real and perceived difficulties in proving that a crime has been committed and complaints through third-party procedures (for example, via housing officers) can often take a long time to be addressed. In the same way, interviews conducted with two key informants and the focus group participants revealed the problem of having evidence even after the case is reported. One of the reason is the victims usually not reported the case immediately after the violence happened. However, the researcher doesn't find the data that justifies delay of getting responses from the police or the court because of the victims are women with disabilities.

An advocate is important for identifying appropriate support needs as these Advocates are usually not made available, or women with disabilities are not consulted as to whom they would like to have act as an advocate for them and there is evidence of complaints being dropped because of this (Healey, 2013). On the other hand, in this research lack of support and knowledge about legal procedures by the women stated as reasons for less reporting than dropping the cases.

According to Ballan and Freyer (2012) the impact of targeted violence in some instances, can result in the victim's death. Impact can also be long-lasting, causing people with disabilities to restructure their lives to minimize risk from strategies such as taking longer routes to avoid

certain places and not leaving the home at night, through to 'voluntarily' leaving employment or school. However, the data from this study doesn't indicate the death of women because of violence or women who changes their environments for fear of violence.

Some suggest that abuse and violence against women with disabilities may exacerbate current health issues or cause additional injuries (Swedlund and Nosek, 2000). Psychological effects that have been identified include depression, anxiety, increased feeling of stress, and suicidal ideation (Hassouneh-Phillips, 2005). Negative physical effects of abuse include physical injury and overall decrease in physical functioning (bowel, skin, and nutritional issues; Hassouneh-Phillips, 2005).

Based on the findings of this research violence and abused bring an impact on the life of women with disability, without limitation including, unwanted pregnancy, social stigma, economic dependency and hope, mental problem, underemployment and lack of education opportunity, lack of appropriate support from government organs, inaccessibility to use infrastructures and services like transportation, psychological abuse which caused them to feel inferiors in the society, and lack self esteem, and confidence, isolation, little participation and unable to contribute for their family and for the society.

Further the findings of this research shows that violence incidents could lead to aggressive behavior in women with disabilities. And literature also provides the same findings (Hague et al., 2008). Additional response to violence, particularly women with mental health conditions, was to stop disclosing their mental health diagnosis to other people (Hague et al., 2008). However, the researcher doesn't find from the participants who refrain from disclosing their health situation fear of violence. It can be said that there is a similarity and in some points

difference among literature and the findings of this literature on the impacts of violence on the lives of the women.

In the literature part three different models of disability, i.e. the medical, social and bio-psychosocial model are discussed. The social model of disability considers environmental or social factors as reasons for persons with disabilities or exclusion or marginalization in society. According to this model, the barrier for persons with disabilities participation in society is the society in which they live. The society does not provide for the needs of persons with disabilities (inaccessible buildings, no brail books, no sign language interpreter, etc. In this research also due to the government and the society not provide people with disabilities the necessary need, like interpreter in court, unsuitable or inaccessible buildings and brail materials mentioned as barriers.

The medical model is the result of a physical condition is intrinsic to the individual and may reduce the individual's quality of life and causes clear disadvantages to the individual (Healey, 2013). The findings of the research show that there are impairments in relation to hearing, visual, physical and mental problems.

The model which is established the framework for contemporary understanding of disability is the bio-psychosocial model. This approach views disability as multi-dimensional phenomena and disability is understood as a product of interaction between a people's certain conditions or functional limitations and his or her physical, social, and attitudinal barriers (WHO, 2010).

From the findings of the research it's possible to say that the bio-psychosocial model is expressed the disability situation of women who faced violence. The reason is, though the participant women is with physical, hearing, visual and mental impairments , the attitude of the

society, inaccessible buildings, transportations, lack of employment opportunities, materials, little implementation of laws can be taken as social barriers. Thus, the bio-psychosocial model which is multi-dimensional and included different perspectives, fit with the study at hand.

5.2. Conclusion

Based on the qualitative method of study, the data gathered and analyzed shows that there is violence against women with disability. The violence that women with disability face is of different types. The data gathered from the informants show that these risks are continuous from past to present in different sectors.

The violence faced by women includes physical, sexual, disability based violence, and psychological abuse. The major causes of violence against women with disabilities mentioned are lack of awareness, negative attitudes and economic dependency which caused significant negative impact in their life to feel inferior in the society, and lack self esteem, and confidence which has deteriorated their social, economic participation. Further, the impact is beyond them and to the country as a whole as women with disabilities have a role to play to social and economic development of the nation.

After the women faced violence, access to justice is limited. This is a result of a combination of lack of knowledge in their side. Some of the women do not go to the police station to report the violence rather they prefer to hide their problem or talk. The women who went to court, police or other organ are rare to get redress due to lack of evidence and interpreter for the women with hearing disabilities.

Participants of the research commented the need to provide training in order to enhance the self esteem and confidence of women with disabilities and to have an understanding in the

society about women with disability and their rights. The infrastructure should be suitable for women with disabilities to report and the government and other body should provide support to women with disabilities could not hear or talk to facilitate reporting. There is a need to have an interpreter in court, police station and other legal bodies who assist women with hearing disabilities. Further materials in relation to the rights of women with disabilities should be available and reached for visually impaired and women with hearing disabilities.

In general, this study indicated that not enough is done to protect women with disabilities from violence, moreover, even if there are few organizations like EWDNA working with women with disabilities, the effort is not enough and though the issue requires a great concern, the involvement of government and it is not such a simple task that NGOs can stop violence against women with disabilities.

5.3. Implication for Social Work

Based on the findings of this particular study, “violence against women with disabilities : the case of women members at the EWDNA” the researcher stresses the point that social workers are expected to contribute integrated and wide covering effort to stop violence against women with disability.

Implication to policy/ programs

The government of Ethiopia has adopted policies, ratified major declarations, and conventions to protect the right of women with disabilities. However, the findings of this study show lack of implementation of these policies. This indicates the need for greater effort and commitment on the part of the government and the social workers to bring about significant

improvement and ensure the effective practical implementation of these policies to bring changes in the life of women with disabilities.

Social workers should work to include women with disabilities in the development and implementation of programs, policies by service providers, law enforcement officers, and other personnel who work with women with disabilities. The social workers should work for the amendment of the laws, programs, and policies and practices that not considering the needs and interests of the women with disabilities.

Implication to practice

Social work as a profession aimed with the empowerment and liberation of people to enhance their well being. With particular interest, Social work is concerned on people who are at risk and socially segregated. People with disabilities generally and women with disabilities in particular are among the most segregated and high risk of individuals. Thus, the social workers should provide training and support for women with disabilities in order to empower and to build their self esteem and confidence. The social workers need to provide education and training of awareness creation to the society in order to change their attitude towards women with disabilities.

With regard to direct access to the rights of women with disabilities and related information, social workers should work with GOs and NGOs in the production of materials in accessible formats. These include Braille scripts for the blind, wheel chairs for physically disabled, provision of professional training for sign language interpreters and introduce court interpreter / translator for the hearing impairments. The social worker should also be engaged in the provision of court and other legal system services by presenting cases of the abused and stigmatized women with disabilities. Social workers can possibly develop advocacy,

information, and support services for women with disabilities who are survivors of all forms of violence.

The social workers expected to build a link with governmental, nongovernmental organizations and volunteers in order to create economic opportunities for women with disabilities considering their disability, providing them with vocational and other training and giving work place, and startup capital, provide them with legal protection, women with disabilities shall be given training to self defense.

Implication for research

Furthermore, in relation to implication to research having in mind the fact that violence against women with disabilities is still under researched areas in Ethiopia, social workers with their skills of social work research can carry out further relevant studies in relation to the factors, nature and the consequences of different type's violence on women with disabilities.

Implication to Social Work education

Social workers should be equipped with adequate knowledge to help the women with disabilities facing violence to deal with their day to day life challenge. In order to work with the women with disability who faced violence the first thing social workers need is adequate knowledge on women with disability and violence. Such topics should be incorporated in social work courses. In addition, counseling courses should also attempt to give basic skills of working with women with disabilities who face violence.

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Annex I Informed consent form

My name is Hiwot Moges. I am a student in School of Social Work, Addis Ababa University. I am conducting research for the requirements of Master's Degree in social work.

The title I become interested to work is the experiences of disable women exposed to violence. The purpose of the study is to gain better understanding of the abovementioned issues. The methods that will be used to meet this purpose are: one to one interview and small group discussions.

This study will be conducted to acquire master's degree in social work from Addis Ababa University. The participation in this study will be on voluntary base.

The collected data will be limited for this use or other research related usage with the recognition of the university.

The interview will be recorded for accurate capturing of the insights. The name and identifying information will not be associated with any part of the written report and also all information and interview response will be kept confidential.

There is a full right to withdraw from the participation in any time and information would be canceled up on request.

A summary of the result will be given to participant up on request.

By signing this consent form I certify that I _____ agree to terms of this agreement.

Name _____ (Signature) (Date)

Annex II Interview Guide for Women with Disabilities

I want to thank you for taking the time to meet me today. I am interviewing women with disabilities victim of violence. I am going to ask you some questions that are not difficult to answer. The interview should take less than an hour. I will be recording the session because I don't want to miss any of your comments. I will be taking some notes during the session and will be audio recorded. Our conversation is strictly confidential and all your interview responses will only be shared with me and my supervisor and I will ensure that any information I include in our report does not identify you as the respondent. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time. Are there any questions about what I have just explained?

a. Demographic information

1. Can you please tell me some identifying information about yourself?

(Probe- age, educational background, work, etc..?)

b. Violence related questions will be forwarded

1. - How do you understand violence?

(Probe- meaning, example, e.t.c)

2. - tell me about the types of violence you faced.

3.-Where and when did it take place? *(Probe- place, time, condition, e.t.c..)*

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- 4- Tell me about the person/people who did this. (*Probe- family members, friends, colleagues, relatives, neighborhoods, strangers, e.t.c..*)
- 5- Why do you think this happened to you, please explain? (*Probe- mental health problem, physical disability, e.t.c..*)
- 6.-tell me about the frequency or how often is it ongoing
- 7 - Tell me about the measures you took after the violence.
- 8-Was there anything in particular that made it difficult to report?(for legal bodies, families, friends)
- 9- Tell me about the outcomes of the measures you took.
- 10-How fearful are you about whether it happens again? (*For example, in the place of employment, home, neighborhood, leisure, transport, services*)
11. Tell me about the impacts of the violence on your life (*probe- physical, psychological, e.t.c..*)
- 12 - What would be your main suggestions for improving how to respond to violence, abuse or harassment against disabled women? (*Probe- expectations from different stakeholders*)
- 13 -Is there anything else you'd like to say that we haven't already covered?

Thanks and close.

Annex III interview guide for Key Informants in the Association (EWDNA)

1 -First of all, could you tell me a bit about your role and how it relates to targeted violence against people with disabilities?

2-What do you think have been the nature of violence against women with disabilities?

3- What do you think are the factors of this violence?

4- What do you think are the effects of the violence on the lives of women with disabilities?

5 -How do you think agencies can improve the confidence of disabled people in reporting their experiences to a third party?

6-What are your recommendations for improving disabled people's safety and security and reducing violence, harassment or abuse?

7-Do you have any other comments you would like to make?

Thanks and close.

Annex IV FGD guide for women with disabilities

Introduction: greeting, offer something to drink and eat (soda and biscuits), introducing myself and each other, introducing the topic. Emphasize confidentiality.

1-how do you understand the term violence?

2-What types of violence women with disabilities faced?

3-what do you think the cause of violence against women with disabilities?

4 -who will be the abuser?

4-What is the impact of violence on women with disabilities

5-how is it currently addressed? How should it be addressed, according to you?

አባሪ ሁለት፡ ለአካል ጉዳተኛ ሴቶች የተዘጋጀ ቃለመጠይቅ

በቅድሚያ ጊዜዎትን ሰጥተው እዚህ ስለተገኙ አመሰግናለሁ እኔ ጥቃት የደረሰባቸውን አካል ጉዳተኛ ሴቶች ቃለመጠይቅ እያደረግኩ ነው። ቃለመጠይቁ ከአንድ ሰአት በላይ ጊዜ አይወስድም። የሚሰቱት ቃለመጠይቅ በድምጽ ይቀረጻል። ይህ የሚደረገው የሚሰጡትን መረጃ በአግባቡ ለመመዘገብ እንዲቻል ነው። በተጨማሪም እኔ ማስታወሻ እይቃለሁ። ከእርስዎ ጋር የምናደርገው ቃለመጠይቅ ሚስጥራዊነቱ የተጠበቀ ሲሆን የሚሰጡት መረጃ ከዩኒቨርሲቲው አማካሪ ውጭ ለሌላ ሰው እንዲያውቅ አይደረግም። ስለእርስዎ ማንነትም አይገለጽም። በማንኛውም ጊዜ እርስዎ ለመናገር የማይፈልጉት ሀሳብ ካለ እንዲናገሩ አይገደዱም።

ተጨማሪ ጥያቄ ካለዎት

ሀ. የቤተሰብ እና ስራ ሁኔታ

“ስለራስዎ ማንነት የሚገልጽ መረጃ ቢሰጡኝ (የትምህርት ደረጃ፣ ስራ)

ለ. ከጥቃት ጋር የተያያዙ ጥያቄዎች ይቀርባሉ

1. ጥቃት የሚለውን ቃል እርስዎ እንዴት ይረዱታል?
2. ከዚህ ቀደም በእርስዎ ላይ የደረሰቦት ጥቃት ካለ ቢነግሩኝ?
3. ጥቃቱ የተፈጸመው የት እና መቼ ነው? (ለምሳሌ፡- ቦታው፣ ጊዜው፣ በምን ሁኔታ)
4. ጥቃቱን የፈጸመውን ሰው ቢነግሩኝ (ለምሳሌ፡- የቤተሰብ አካል፣ ጓደኛ፣ የስራ ባልደረባ፣ ጎረቤት ወይም እርስዎ የሚያውቁት ሰው)
5. ጥቃቱ ለምን ተፈጸመ ብለው ያስባሉ? እባክዎ ያብራሩልኝ (ለምሳሌ፡- ከአካል ወይም የአእምሮ እድገት ውስንነት ጋር በተያያዘ)

6. ጥቃቱ ምን ያህል ጊዜ ተፈፀመ ወይም ምን ያህል ጊዜ ቆየ?
7. ጥቃቱ በእርስዎ ላይ ከተፈፀመ በኋላ የወሰዱትን እርምጃ ቢነግሩኝ?
8. ጥቃቱን ከማሳወቅ ጋር በተገናኘ ያጋጠምዎት ችግር ነበር? (ለምሳሌ፡- ለቤተሰብ፣ ለጓደኛ፣ ለህግ አካል ለማሳወቅ)
9. በወሰዱት እርምጃ ያመጡት መፍትሄ ቢነግሩኝ?
10. ሌላ ጥቃት ወደፊት ይፈፀምብኛል የሚል ስጋት አለዎት? (ለምሳሌ፡- በመኖሪያ ቤት፣ በጎረቤት፣ በስራ ቦታ፣ በመዝናኛ ቦታ እናበ ትራንስፖርት ላይ)
11. በእርስዎ ላይ ጥቃት በመድረሱ ምክንያት ያመጣቦት ተጽእኖ ምንድን ነው? (ለምሳሌ፡- በአካል፣ በአእምሮ)
12. ጥቃትን ለመከላከል እና ጥቃትን በተመለከተ እርምጃ ከመውሰድ አኳያ በዋናነት ምን መደረግ አለበት ብለው ያስባሉ?
13. ከላይ ያላነሳናቸው እና መጨመር የሚፈልጉት ሀሳብ ካለ?

አመሰግናለሁ፡፡ አበቃ

አባሪ ሶስት፡- ለኢትዮጵያ አካል ጉዳተኛ ሴቶች ብሔራዊ ማህበር ሰራተኞች የተዘጋጀ

ቃለመጠይቅ

1. በመጀመሪያ በማህበሩ ውስጥ የእርስዎ የስራ ሀላፊነት ምን እንደሆነ እና ይህ የስራ ሀላፊነት ጥቃት ከተፈፀመባቸው የአካል ጉዳተኛ ሴቶች ጋር ያለውን ግንኙነት ቢነግሩኝ?
2. አካል ጉዳተኛ በሆኑ ሴቶች ላይ እየተፈጸመ ያለው ጥቃት ምን ይዘት አለው?
3. የጥቃቱ ምክንያት ምን ይመስሎታል?
4. ጥቃት በመፈፀሙ ምክንያት በአካል ጉዳተኛ ሴቶች ህይወት ላይ ያመጣው ተጽእኖ ምንድን ነው?
5. ጥቃት የተፈፀመባቸው አካል ጉዳተኛ ሴቶች የደረሰባቸውን ጥቃት እንዲያሳውቁ እና ባስ መተማመን እንዲኖራቸው የተለያዩ ማህበራት ምን ማድረግ አለባቸው?
6. የአካል ጉዳተኛ ሰዎችን ደህንነት ለመጠበቅ እና ጥቃትን ለመቀነስ ምን መደረግ አለበት ይላሉ?
7. ሌላ አስተያየት ካልዎት?

አመሰግናለሁ፡፡ አበቃ

አባሪ አራት፡ ለቡድን ውይይት የተዘጋጀ መነሻ ጥያቄዎች

መግቢያ ሰላምታ እራስ ማስተዋወቅ ከተሳታፊዎች ጋር መተዋወቅ፣ የውይይቱን ርዕስ ማሳወቅ፣ ተሳታፊዎች የሚሰጡት ወይም የሚወያዩበት ሀሳብ በሚስጥር የሚያዝ ስለመሆኑ ገለፃ ማድረግ የሚጠጣ እና የሚበላ ብስኩት ነገር ይዘጋጃል፡፡

1. ጥቃት የሚለውን ቃል እንዴት ይረዱታል?
2. አካል ጉዳተኛ የሆኑ ሴቶች ምን ዓይነት ጥቃት ይደርስባቸዋል?
3. በአካል ጉዳተኛ ሴቶች ላይ ጥቃት የሚፈፀመው በምን ምክንያት ነው?
4. ጥቃቱን እያደረሰ ያለው ማን ነው?
5. ጥቃት በመፈፀሙ ምክንያት በአካል ጉዳተኛ ሴቶች ላይ ያመጣው ተጽእኖ ምንድን ነው?
6. በአሁን ወቅት ጥቃት ሲፈፀም በምን መልኩ እርምጃ እየተወሰደ ነው? እናንተስ እንዴት እርምጃ መውሰድ አለበት ትላላችሁ?

አመሰግናለሁ፡፡ አበቃ

Declaration

I, the undersigned, Hiwot Moges hereby confirm that this study in the title “Violence Against Women with Disabilities: The Case of Members at the EWDNA” is carried out by me, and any material used in this study is duly acknowledged.

Hiwot Moges Signature _____ Date: June 17, 2015

Addis Ababa University

College of Social Science School of Social Work

Date of Submission: June 17, 2015

This thesis has been submitted for examination with my approval as a university

Advisor _____

Signature: _____

Date of approval: _____