

Addressing violence against women with disabilities: shift to action



It is widely acknowledged that women with disabilities experience a disproportionate susceptibility to experiencing violence from diverse perpetrators including intimate partners, caregivers, and strangers, when compared with women without disabilities.¹⁻³ Yet, violence against women with disabilities remains a largely neglected topic in public-health research. There have been modest developments in the field including the increased recognition that women with disabilities are more vulnerable to experiencing violence than women without disabilities; repeated calls for more evidence on violence against women with disabilities; and the transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (ie, “leave no one behind”).⁴ However, despite these developments, there remains a stark absence of rigorous research on the topic of violence towards women with disabilities in many regions, especially low-income and middle-income countries. Moreover, most studies on violence against women with disabilities are methodologically weak (eg, not disaggregating data by sex, type of disability, or type of violence).^{1,5} This oversight is not surprising and adds to other instances of little attention given to health concerns of women with disabilities, such as limited access to dignified health and social services.⁶

Most notable are the glaring gaps in data evidence on violence against women with disabilities.⁵ These gaps limit and sabotage attempts to highlight the issue during governmental policy decision processes, hamper the design of violence-prevention interventions, and derail advancing research in this field. This scarcity of data makes it harder to interpret the relationship between disability and experiencing violence as a woman and essentially impedes progress towards eliminating violence against all women. Specifically, there are more than 1.3 billion people worldwide living with one or multiple forms of disability (approximately one in six people),⁷ with this number likely to increase in the future. Thus, if research on violence against women with disabilities continues to be deprioritised, then a substantial number of women will be failed. If sustainable gains in the prevention of violence against

all women are to be made then understanding the prevalence and unique forms of violence against women with disabilities is not only imperative, but also urgent. Attaining comparable and reliable data is an important step towards achieving this goal.

In the 21st century, there have been increased efforts to mitigate gaps in data on people with disability, including data on violence against women with disabilities. Measures such as the Washington Group Set of Questions⁸ and WHO disability assessment schedule 2.0⁹ have been developed with an aim to achieve internationally comparable data on disabilities. There has also been an increase in studies across contexts measuring violence against women with disabilities.² However, these efforts are yet to yield reliable, consistent prevalence data. There are multiple reasons for this data incomparability. First, disability measurement methods have been critiqued for excluding some forms of disability, using different measurement instruments that are often applied inconsistently across contexts and are thus not comparable, and not disaggregating data by socioeconomic status, sex, severity of disability, types of disability, etc. Second, current tools measuring violence against women fail to recognise and capture unique forms of violence experienced by women with disabilities (eg, withholding assistive devices and care). Moreover, some institutions, such as mental health institutions and caregiving homes, are often left out of violence surveys due to the stereotype that women with disabilities are asexual and concerns about the ability of these women to provide informed consent to participate in research. There is therefore still not a clear understanding of this type of violence.

Current global challenges, such as increasing instances of war, natural disasters, and the abrupt defunding of initiatives that provided lifeline aid to many, will arguably intensify the vulnerability of women with disabilities to experiencing violence. Forced displacement resulting from wars and natural disasters, which often leads to family separation, could leave women with disabilities in the care of strangers who might perpetrate violence against them. Furthermore, sudden halting of aid in low-income and middle-income countries will immediately

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impact women with disabilities disproportionately, due to challenges such as job loss, curtailment of empowerment programmes, defunding of women’s shelters, and cutting off health-care access in some communities. These shifts could worsen symptoms, heightening irritability, or increase financial stress in the household, which might lead to more household conflict and consequently increased risk of women with disabilities experiencing violence. These women might also be left overly reliant on others, potentially leaving them stuck in abusive relationships. Unfortunately, in times such as these when there are many competing and urgent priorities in the world, there is an even greater risk of overlooking the nuances of women with disabilities’ lived realities. Women with disabilities could be left behind, when the inequality gap should be narrowing.

It is time to pivot. As we all step back to re-evaluate and remap the sexual and reproductive health research landscape, it is an opportune moment to intentionally bring on board the violence against women with disabilities agenda and finally move from undelivered promises to tangible actions. As researchers, we urgently need to address data gaps by strengthening studies measuring violence against women with disabilities, including improving measurement tools and strategies. Efforts, such as the work by the Human Reproduction Programme on measuring violence against women with disabilities,¹⁰ will be important in this endeavour and consistent, incremental studies in line with this work

will be invaluable in moving society forward. Flexible funding to enable this work is also crucial and we call on government agencies and philanthropists to step in and support achievement of this goal, especially given the current precarious funding climate.

I declare no competing interests.

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