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# Invisible Victims of Sexual Violence

*-A Minor Field Study on women and girls with disabilities*

*in Cape Town, South Africa.*

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## **Abstract**

To live a life protected from exploitation, violence, and abuse is a fundamental human right. However, this seems to be a difficult human right to fulfill, at least for women and girls living with disabilities. This thesis examines the topic of sexual violence against women and girls with disabilities in the townships Langa and Gugulethu, Western Cape Province, South Africa. By addressing the research question: How is the nature, forms, and prevalence of sexual violence experienced and perceived by women and girls with disabilities? The results of the 14 semi-structured interviews that were conducted with staff members from three local NGO's and eleven relatives to women and girls with physical and intellectual disabilities expose a high prevalence of sexual violence. In this small investigative study, two out of eleven participants had not been subjected to sexual violence, which means that 82% of these girls had been sexually violated at least once in their lifetime and only four had reported their case to the SAPS, which is a total of 64% in this sample. These violations of basic human rights are discussed and analyzed through four themes: attitudes and values, social norms and beliefs, barriers to reporting, and the police and justice system. It is clear that to create a safe and protected environment and end gender-based violence against disabled women and girls a change in the perception that society has on disabled people is needed. Without change from within the society gender-based violence and sexual violence against women and girls with disabilities will continue to grow.

**Keywords:** Human Rights, Disability, Sexual Violence, Vulnerability, South Africa

## **List of Abbreviations**

**NGO:** Non Governmental Organization

**PEPUDA:** Promotion of Equality and Prevention of Unfair Discrimination Act

**SAHRC:** South African Human Rights Commission

**SAPS:** South African Police Service

**UDHR:** Universal Declarations of Human Rights

**UN:** United Nations

**UNCRPD:** United Nations Convention on the Rights of Persons with Disabilities

**UNFPA:** United Nations Population Fund

**UPIAS:** Union of the Physically Impaired Against Segregation

**WHO:** World Health Organization

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# 1. Introduction

In April 2015, Iminathi\*, a 14-year-old girl with an intellectual disability, was raped and left bleeding in a ditch in her neighborhood in a township outside of Cape Town, South Africa. Iminathi was unable to speak or walk because of her disability, so she could not call for help or go home by herself. After several hours, two women found Iminathi in the ditch. She was hospitalized for a few weeks due to health complications. The hospital got in contact with her mother who decided not to come and pick her daughter up from the hospital. Apparently, it was her mother's new boyfriend who had raped Iminathi and her mother decided to stay with him instead of her daughter because he provided financially for the mother. (Relative to participant 3)

\*Iminathi is not her real name.

There is no reliable figure on how many people in the world live with a disability, but according to the World Bank, there are about one billion people. That figure represents about 15% of the world's population (World Bank, 2018). These people are often the poorest of the poor, they are among the most marginalized groups in the world and the discrimination they suffer is widespread throughout all communities. Disability has become a human rights matter. People living with a disability are not just disabled by their bodies, but by society (Fitzsimons, 2017: 50). These barriers that have been built can be conquered, if governments, NGOs, health professionals, and people with disabilities, their families, and society work together as a whole.

Disability has also become a human rights matter because adults, youths, and children with disabilities face stigmatization, discrimination, and great inequalities. These individuals are more often than others subject to violations of their human rights, through acts of physical abuse and sexual violence, prejudice, social isolation, and disrespect due to their disability (Equality and Human Rights Commission,

2020). To be able to live a life free from physical and sexual violence is a profound human right. However, this remains just a dream for many girls and women living with disabilities. Although sexual violence against girls with disabilities is an under-researched topic some research indicates that it is not only more recurring but also more varied and complicated than sexual violence against non-disabled women (Alriksson-Schmidt et al., 2010; 361-362). A lot of girls and women living with disabilities experience sexual violence by their partners, members of their families, caregivers, and institutions at an excessive rate than non-disabled women. 97-99% of abusers are known and trusted by the victim (Baladreian, 1991; 326). Women and girls with physical disabilities can find it harder to flee from abusive situations because of restricted mobility. Those with an intellectual disability may find it difficult to communicate abuse or be more vulnerable to violence due to the inability to understand their surroundings. Women and girls with developmental or psychosocial disabilities don't always know that having sex against your own will is a crime and should be reported to the police (Human Rights Watch, 2017).

Girls and women with disabilities face an increased risk of sexual violence in communities dominated with widespread ignorance, low level of education, and negative attitudes towards disabled people (UN Women, 2015). Unluckily, women living with disabilities are not observed as full members of society and some say they aren't bearers of human rights like 'normal' people are. Because issues that concern women with disabilities and the fact that women gain less attention from society makes it easy for the abusers and perpetrators to go unpunished for their sexual victimizations and other crimes (Opoku et al. 2016, 102-103). The previous research made on this topic shows that women with disabilities are at a higher risk of violence and abuse compared to other members of society. It also indicates that women living with disabilities are at an extensive risk of sexual violence and abuse in comparison to men with disabilities (WHO, 2012: 5).

Sexual violence survivors are now stepping out of the dark and speak out about their experiences of violence and abuse. Women and girls are talking more openly about sexual violence, disabilities, and human rights. Their experiences are no longer

just stories, misunderstandings, or seen as accidents, this has been their life and reality and now it's time for a change. Breaking the barriers of the difficulties experienced by women and girls with disabilities requires interventions. There have been recent developments that indicate efforts from NGOs, governments, and people living with disabilities in acknowledging human rights for people with disabilities all around the world but especially poor and rural areas (Statistics South Africa, 2014: 27). According to the World Health Organization (WHO), disability is a developmental priority due to its widespread presence in lower-income countries and communities, and because disability is both a cause and consequence of poverty. Poverty increases the probability of disabilities through poor health care, insufficient living conditions, and malnutrition (WHO, 2015).

## 1.1 Aim & Research Question

This study aims to get an in-depth understanding of sexual violence against disabled women and girls and in so doing make visible the nature, forms, and prevalence of sexual violence against women and girls with disabilities. While the topic of disability and gender-based violence is starting to get more frequent attention within the international arena, I believe little is still known about the phenomenon in the South African context, and especially regarding women and girls in the townships. This study, therefore, sheds light on the experiences of sexual violence against women and girls with disabilities in the two townships Langa and Gugulethu in the Western Cape Province, South Africa.

The South African government is a party to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol without any reservations since 2007, but the Department of Social Development (2016: 20) emphasizes that persons with disabilities who live in rural villages, like townships, are still in need of more vigorous and improved interventions. Therefore, it becomes intriguing to start to understand both the scale and scope of difficulties in the mentioned townships in South Africa. By understanding the situation and



prevalence of sexual violence one can define accountability, suggest improvements as well as gather recommendations for future research on this topic.

I propose to begin this study by addressing my research question:

- How is the nature, forms, and prevalence of sexual violence experienced and perceived by women and girls with disabilities?

## 2. Background

This chapter provides a brief background of disability as a phenomenon, highlights specific issues of sexual violence and its definition, as well as introducing the UNCRPD and its Article 16 on freedom from exploitation, violence, and abuse. A short description of the South African context will also be presented. This chapter is followed by theoretical frameworks and previous research regarding women and girls with disabilities.

### 2.1 Disability

Disability is an umbrella term without a determined definition, that covers both impairments, participation restrictions, and activity limitations. Disability is a complex phenomenon because it refers to the negative aspects of an interaction between a person with a disability or special health condition and that person's environmental and contextual factors (WHO, 2011). An impairment is an issue in the function of the body or its structure whilst an activity limitation refers to a difficulty faced by an individual in completing a task or action. A participation restriction, on the other hand, is a problem encountered by an individual in any social life situation (WHO, 2015).

The World Health Organisation (WHO) argues that people living with any kind of disability have the same health needs as a non-disabled person. People with disabilities may be faced with a more narrow margin of health, both due to poverty and social exclusion, but also since they may be weak or vulnerable to any secondary conditions. Research shows that people with disabilities encounter greater barriers in accessing the services they need, for both health and rehabilitation (WHO, 2011). Continuing on the medical conceptualization WHO differentiates between impairment and disability, whereas an impairment is defined as any deficiency or

abnormality of physiological, psychological, or anatomical function or structure. Disability is described as any limitation or absence of ability (resulting from an impairment) to accomplish an activity within the range considered to be 'normal'. An impairment is therefore described in terms of observable function, while disability is imposed by society.

Disabilities are forced by society when an individual who has perceived and/or actual physical, psychosocial, intellectual, neurological or sensory impairment is hindered in participating fully and effectively in all sides of life, and when society is being insufficient to acknowledge the rights and certain needs of persons with disabilities on an equal basis with others. These people encounter high risks of three barriers; social (which includes lack of awareness, high costs and difficulties regarding communication), psychological (mostly because of anxiety and fear for individual safety), and structural (such as accommodation, operations, and infrastructure) (WHO, 2018).

## 2.2 Sexual Violence

Sexual violence and abuse have been unrecognized topics of research, but at the same time evidence shows that it is a serious public health issue of significant proportions that is affecting millions of people each year (Basile, 2003). More research needs to be done to understand the phenomenon and how to prevent sexual violence against both women and men. It's forced by various aspects in social, cultural and economic contexts. Sexual violence is defined by WHO as: "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (WHO, 2002: 149). Sexual violent acts are widespread and can take place in various situations and settings including for example;

- rape within marriage or dating relationships;
- rape by strangers;

- unwanted sexual advances or sexual harassment, including demanding sex in return for favours;
- sexual abuse of mentally or physically disabled people;
- sexual abuse of children;
- denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases;
  - violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity;
- forced prostitution and trafficking of people for sexual exploitation.

(WHO, 2002: 149-150)

It is complicated to explain sexual violence against women because of the multiple shapes it takes and the different contexts in which sexual violence can occur. One of the most common acts of sexual violence is the one perpetrated by an intimate partner. This leads to the conclusion that being married or living with a partner is a huge risk factor for women, all around the world, regarding vulnerability to sexual violence. However, other aspects that may increase the risk of sexual violence and abuse includes young age, alcohol or drug abuse, low level of education and employment, being disabled, and poverty (WHO, 2002: 157). Sexual violence arises in both times of peace and war. It is at an extensive level globally and it is regarded to be one of the most damaging and pervasive experiences both emotionally and psychologically, as well as it is considered to be the human right that is being violated most frequently (Lindsey, 2001: 55).

Sexual violence can have a profound impact on physical, psychological, and mental health, HIV infection, and even death. Victims of sexual violence may not only face trauma and injuries but also stigmatization and exclusion from family and their community. Women who get pregnant after being raped are even more vulnerable and face a higher risk of rejection and access to health care, support, or other essential practices and services (ICRC, 2013). Sexual violence often remains hidden since it is often seen as shameful, taboo, or fear of the perpetrator. It is a human rights issue affecting victims, their family, and friends, as well as communities.

## 2.3 UNCRPD

The international work on human rights is based on the United Nations Universal Declaration of Human Rights (UDHR) of 1948. The rights contained in the Declaration have subsequently been incorporated and further developed in several conventions binding on the Member States. A large majority of the world's countries have joined the conventions (United Nations, 1948). One of the conventions is the United Nations Convention on the Rights of Persons with Disabilities, UNCRPD, which recognizes the rights of people living with disabilities. The member states stress that "disability" is a concept that is under development and that disability arises through the interaction between people with disabilities and barriers that are conditioned by attitudes and the environment, which counteracts their full and genuine participation in society under the same conditions as others (WHO, 2011: 4).

The UNCRPD is a treaty on human rights that is designed to remove the barriers people with disabilities face, how they get treated, and are seen in their communities, as well as protect their rights and dignity. The convention is created by representatives from different NGOs, government officials, and people with disabilities all around the world (United Nations, 2006). The UNCRPD questions people to see disability as a human rights issue instead of observing it as a medical issue. The UN Convention intends to decrease discrimination, stigmatization, and to understand that these individuals can contribute to society. Most of them can work, get educated, and get access to health services and other kinds of support, which they are often excluded from. There are many fields where barriers can occur such as accommodation, transport, and access to buildings which the UNCRPD and its articles cover (WHO, 2013). Before the UNCRPD no international documents were binding the States to take particular measures to promote and protect the rights of disabled people. But since May 2008 when the Convention came into force governments who had ratified the Convention were obliged to (Statistics South

Africa, 2014: 27). 181 States have ratified the UNCRPD and 163 signatories since the Convention was opened for signature on 30 March 2007 (United Nations, 2016a).

Article 16 in the UNCRPD enshrines freedom from exploitation, violence, and abuse which expresses that people with disabilities are supposed to be protected from exploitation, violence, and abuse wherever they are, including gender-based factors, by their government and its institutions. The member states are also required to establish effective legislation for women and children to prevent exploitation, violence, and abuse. The States who ratified the UNCRPD are obliged to ensure that violations against people with disabilities are identified, investigated, and prosecuted as well as making sure that the facilities and programs designed to help disabled people are monitored and evaluated by the government and its administration. The State is required to take all relevant actions to anyone who becomes a victim of any kind of exploitation, violence, or abuse (United Nations, 2006).

## 2.4 The South African Context

South Africa ratified the UNCRPD and its Optional Protocol without any reservations in 2007, thereby committing the state to respect and abide by the rights of people living with disabilities as written in the various articles of the convention. The Convention came into force in South Africa on May 3rd, 2008. Section 9 of the South African Constitution also prohibits discrimination of people with disabilities. Furthermore, the African Charter on Human and Peoples' Rights also addresses the rights of people with disabilities and their right to 'special measures of protection'. The Charter tackles exclusion, violence, and abuse as well, affecting disabled people but mainly women and children (SAHRC, 2017a: 7-8). Gender-based violence is forbidden by Section 8 of the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA). Statistics South Africa estimates that 21% of women have faced domestic violence at the age of 18 years old. Crimes against women continue to go unreported in many cases, only 3.9% of women report domestic violence to the police. According to the SAHRC, one in 25 rapes gets reported to the police (SAHRC, 2017b: 21-22).

A community survey performed by Statistics South Africa (2016) shows that;

- Persons with disabilities in South Africa are among the poorest of the poor, while people living in poverty face a higher risk than others of obtaining a disability and are more often denied their rights;
- Persons with disabilities encounter divergent layers of discrimination and social exclusion. Women and girls living with disabilities may face dual discrimination based on both their gender and disability;
- Women and girls with disabilities are the most powerless and vulnerable to poverty. Besides their disability they also face multiple levels of stigma and discrimination due to their gender.

Women and girls living with disabilities are especially vulnerable to violence and abuse, including sexual violence and torture, both domestic and from health professionals, caregivers, and other members of the community. Sexual exploitation and violence is an extensive phenomenon among people with disabilities, especially women and girls, even though men and boys with disabilities experience abuse and exploitation as well. Most occurrences of sexual violence and abuse go unreported and hence remain unaddressed (Statistics South Africa, 2016: 68).

In South Africa, there are a total of 2,8 million people aged five and older living with disabilities, of these, is 2,3 million black Africans. 962,082 people are black African males and 1,4 million are black African females. In the Western Cape province, where this study is conducted, there are a total of 222,333 people living with disabilities (Statistics South Africa, 2014: 57, 60, 61).

### 3. Theoretical framework

To analyze the sexual violence experienced by women and girls with disabilities, I will present previous research on sexual violence against women and girls with disabilities. Moreover, I propose two theoretical frameworks: the social model of disability and feminist disability studies. Both models aim to unsettle old stereotypes about people with disabilities and highlight the human rights issues they are subjected to.

#### 3.1 Previous Research

Brownridge (2006) suggests that the hierarchy between women and men can be one explanation of gender-based violence and the increased risk for women to be sexually victimized. The author emphasizes that there is insufficient research on gender-based violence and violence towards women with disabilities by a male partner. Brownridge claims that one of the factors for the lack of research is because women with disabilities are thought upon as asexual. According to Ekström (2012), who has a similar point of view as Brownridge, claims that gender-based violence is seen as an expression of the unequal power structures between women and men. She describes men's violence against women as a manifestation of the male position of power as it prevents women from obtaining their fundamental human rights and freedoms.

Malmberg and Färm (2008) surveyed crimes against persons with disabilities through interviews and questionnaires. It appeared in the findings that especially women with mental or psychosocial disabilities are exploited in different aspects, but mostly financially and sexually. A common circumstance is young women with disabilities who live in destructive relationships with a man who exposes her to violence and abuse. The authors believe that in such relationships a pattern is often seen that young women have a limited social network and that they can be



financially, practically, and emotionally dependent on her perpetrator and therefore does not report or reveal the violence she is subjected to. Curry et al. (2011) note that women with disabilities are often afraid that sexual and physical violence will not be addressed if they report it and fear it will result in violence escalating. Curry et al. as well as Malmberg and Färm all believe that these factors also mean that women with disabilities face a higher risk as they depend on caregivers to manage, which places them in a vulnerable situation where they become dependent on their perpetrators and that might be why these women stay in a violent relationship to cope with her daily life. However, Nosek and Howland (1998) say that statistics should be handled with caution when researching violence against women with disabilities. This is because data are not often comparable considering the difficulty in defining variables, as well as using vague parameters.

Willott, Badger, and Evans (2019) outline that sexual violence against disabled people is not a new dilemma, but that the level of violence is indeed high and does not show symptoms of decreasing. Despite the high rates of sexual violence, the reporting to the police remains low. It is claimed that disabled women are at a 25% higher rate to be victims of sexual violence than their non-disabled counterparts. One of the factors the authors found was that you're likely to be sexually victimized and abused when you are dependent on others. There are very low rates of reporting to the police among people living with intellectual disabilities since they often experience problems such as obstacles in communication. A review of the literature made by Fraser-Barbour (2018) indicated that people with disabilities faced barriers that prevented them from reporting violence and abuse to the police, as well as not accessing the right support and services afterward.

According to Dessiea, Bekeleb, and Bilgeri (2019) exposure to gender-based violence increases when the victim is both poor and disabled. Girls and women with disabilities are exposed to sexual violence at a higher rate because of the difficulties their disability bring, such as powerlessness and defenselessness because of not being able to communicate or defend themselves in vulnerable situations. This is what the results of the study revealed. Disability and poverty increase the risk of

gender-based violence, but also that the sexual violence that the participating interviewees faced caused psychological, educational, social, economic, and health issues that impact the survivors for the rest of her life.

Valentine, Akobirshoev, and Mitra (2019) found in their study that countries across sub-Saharan Africa have high rates of both domestic and gender-based violence. The consequences of sexual victimization were both short and long-term significance as well as psychological and physical, including unwanted pregnancy, depression, suicidality, and more severe physical disabilities. The findings demonstrate that there are a few factors associated with the risk of a woman being a victim of sexual violence, such as low level of education, young age, alcohol, and drug abuse, witnessing violence as a child, social norms and attitudes that discriminate and marginalizes women.

The previous research made on sexual violence against women and girls with disabilities is quite similar to the findings in this research. A lot of similarities suggest male hierarchy over women, different kinds of dependency, both financially and emotionally, and negligence. However, former studies propose that disabled people have a hard time talking about their experiences of violence and abuse, something that I could not completely agree with. On the contrary, the interviewees were very talkative, open-minded, and easily shared their stories on sexual violence. If the woman could not communicate for herself it was no problem to interview a relative or close someone instead. On the other hand, the difficult part of the data collection was to find disabled women and girls to interview since they are not as active in the community as other non-disabled people. There is also very limited research on this topic made in rural areas such as the townships where this study was conducted. All of the participating interviewees were also black African women, who face triple discrimination in gender, ethnicity, and disability. Because of that delimitation, this thesis can fill a knowledge gap in the current research on sexual violence against women and girls with disabilities.

## 3.2 The Social Model of Disability

The social model of disability was developed in 1970-1980 by the disability rights movement and in particular the British organization, The Union of the Physically Impaired Against Segregation (UPIAS). The disability rights movement was a global social movement to ensure equal opportunities and equal rights for all people living with disabilities. It was in 1983 when the phrase social model of disability was coined, by the disabled academic Mike Oliver. Oliver concentrated on an individual versus a social model that was derived from the distinction between disability and impairment originally made by the UPIAS (Oliver, 1990). The social model of disability came as a response to the medical model of disability which had been widely accepted. The new model of disability would be compared to the medical model, identifying barriers, attitudes, and exclusion, which made it difficult for people with impairments to participate in society (Barnes, 2019: 15).

The social model of disability suggests that what makes a person disabled is not their medical condition, but merely the attitudes and structures of society. It expresses the fundamental dilemma of disability as one of social ill-treatment and focuses on removing barriers in society to assure that people with disabilities are given the same possibilities to exercise their rights on an equal basis as to all other members of society (Barnes, 2019: 16). A disability is the restriction or obstacle of activity caused by the society which takes no or little account of disabled people and hence excludes them from the common social activity (Thomas, 2002: 39). People living with disabilities are set apart from mainstream society in ways that create a direct 'challenge' to social values by coming across as; different, useless, unfortunate, underprivileged, and sick. An impairment is a personal characteristic whereas having a disability is a social condition that is something imposed above the impairment by the way people are needlessly isolated and excluded from society as a whole (Hollomotz, 2012: 468). The social model of disability claims that it is a

society that disables impaired people and disabled individuals are thus a socially oppressed group of the community (Barnes, 2019: 16).

The hindrance of having a disability is not entrenched in the differences in how our brain or body works. On the contrary, it is the social barriers, whether physical, psychological, or attitudinal, that are most undermining for disabled people (Fitzsimons, 2017: 50). The social model of disability alters practices away from acts of charity to acts of practices that create an inclusive society in which everyone has the same opportunity to easily participate and to be seen as a person of the community, regardless of being a disabled or non-disabled person. While physical, psychological or intellectual impairments may cause practical limitations, these do not undoubtedly have to lead to disability, unless society fails to include and account for people regardless of their differentiation (Joeckel, 2006: 332). In supporting the inclusion of all individuals it strengthens unity in both individual and societal levels - which is what people with disabilities fight for.

The social model of disability position disability at the society rather than at an individual level, thereby, a person equipped with a wheelchair is, according to this model, not disabled by immobility but by accommodation. As Finkelstein claims, non-disabled people would be as disabled if the social and environmental contexts were not suitable for their basic needs (French & Swain, 2013). Non-disabled people want the society where they live to suit their abilities and restrictions, just as disabled people. In order to break the barriers that continue to disempower people with disabilities and heighten their exposure to vulnerability, Fitzimmons (2017: 59) argues that all solutions to the problem should be based on the social model of disability.

### 3.3 Feminist Disability Studies

While the Social Model of Disability serves a good purpose to this study it is unfortunately insufficient in describing and clarifying gender violence against women with disabilities, which the Feminist Disability Studies does. This theory has

its starting point in the relationship between historical, social, and economic factors, which provided a patriarchal society that benefited men before women, where male privilege was pivotal (Kramer, 2005). From this point of view, the oppression and the inequality women have faced is connected to how society is built and organized. Feminist disability studies aim to challenge common stereotypes about women with disability, in its context of rights and exclusion (Mays, 2007).

This theory unsettles the view that 'femaleness' is considered as a physical or mental insufficiency, in the same way, that disability is only seen as a weakness or deficiency. Feminist disability studies, as the social model of disability, clarify that disability should be perceived as a social construct, instead of a medical one. Therefore, the interactions between bodies and their social and environmental context become significant (Garland-Thomson, 2005: 1557). This theory recognizes disability as a method of stigmatization, exclusion, and human differences and strives to reveal negative attitudes and discrimination. Through feminist disability studies, one can understand gender and disability as a socio-political phenomenon that can be analyzed in situations regarding power, manipulation, and control (Pinto, 2016).

WHO (2011) concludes that women with disabilities are more vulnerable and defenseless than their male counterparts when it comes to violence, abuse, and discrimination. As Pinto (2016) recognized, people living with a disability and the female gender are linked to vulnerability, oppression, and powerlessness. Feminist disability studies, therefore, gets a vital position when analyzing the experiences of sexual violence and abuse against girls and women with disabilities.

## 4. Methodological Approach

This chapter explains how this investigative research was conducted, which data that has been used and illustrates the ethical concerns and limitations of the study. As mentioned in the introduction the research question to be answered is '*How is the nature, forms and prevalence of sexual violence experienced and perceived by women and girls with disabilities?*'.

### 4.1 Research Design

Qualitative methods were used to collect data in this study, as they deal with specific and compound characteristics of a particular case. The study aimed to examine the experiences of sexual abuse of girls and women with disabilities, as well as vulnerability factors and their consequences. Qualitative research helps to discover and describe a broad range of aspects in the social world since it is through the qualitative method that the researcher can interpret and gain an understanding of the phenomena the respondents describe. It can examine experiences in everyday life, and its methodology honors the fullness of data (Sandall et al. 2002). By thoroughly investigating a specific case of a phenomenon, as disabilities for this study, it results in an extensive understanding of causes and clarifications of different behavior.

Kvale and Brinkmann (2014) outline how interviews are an appropriate approach when it comes to examining different aspects of individuals' behaviors and experiences. When interviewing a wide range of actors a complex understanding of the situations is gained which allows answers to the aim and research question of the study. They also tend to be flexible and adaptable according to the direction in which the interviewees' responses go, nor does the researcher need to slavishly follow the planned interview guide (Bryman, 2011: 430-431). A qualitative approach to an interview is thus an appropriate method for collecting the data the study aims

to investigate. This study has an inductive design which means that the results of the data collection led to the choice of the theoretical framework, which Bryman claims is usual in qualitative case studies (Bryman, 2011: 74).

## 4.2 Field Work

The empirical data in this study consists of a case study of experiences and perceptions of sexual violence against girls with disabilities, conducted in the townships Langa and Gugulethu in the Western Cape province of South Africa. The field study carried out between January 2020 and March 2020. The research involved 14 interviews with various informants; girls living with disabilities, their relatives or caregivers, and staff of organizations working with people with disabilities. All interviews were conducted in the townships mentioned above. While the sample of persons used in this study is not statistically representative of the South African population of girls living with disabilities, given the awareness that was placed in sampling and the recruitment of respondents, we can gather an understanding of the disadvantages faced by girls with disabilities in exercising their human rights in this area.

When arriving in Cape Town two difficulties became apparent. Firstly, how to find relevant individuals with disabilities to interview and secondly, get the respondents to open up to me as a researcher, and a stranger, with their experiences being sexually victimized. Through different organizations working with disabled children and youths, I managed to sit down with their social workers and that creates a small network to start with. The first interactions with the respondents were long and some were even canceled due to fear of being interviewed. By being persistent, prepared, and flexible the interviews were carried out and data were eventually gathered.

### 4.3 Interviews

The selection of respondents for the interviews was grounded on girls living with disabilities and their personal experiences of sexual violence, and staff on different non-governmental organizations (NGOs) working with girls with disabilities to be able to produce diverse and valuable perspectives on the situation. Eleven in-depth interviews were conducted with disabled girls and women or relatives to women with disabilities to understand and get a clear picture on the sexual violence they had been subjected to and how that impacts on their lives, as well as their own experiences of seeking help and reporting to the police (See appendix 2). These interviews will be referred to as 'Participant 1-11'. The study was mainly centered on girls and women with physical, intellectual disabilities, and one developmental disability. Girls and women with mental disabilities, as well as psychiatric impairments, were unfortunately not taken into account in the scope of the study, because of it being too small and exploratory.

Moreover, three interviews were held with staff of local NGOs which are specializing their work on children and youths with disabilities as well as trauma and abuse. Two of these interviews were conducted face to face in Cape Town but the last and third one was a skype interview because I got sent back home to Sweden due to the Covid-19 outbreak before I got the chance to meet up with this NGO. These interviewees were asked to talk about different cases involving girls with disabilities that they had managed, their experiences of sexual violence, the challenges that they come across, and how disabilities are perceived in the communities where they work (see appendix 1). These interviews will be referred to as 'NGO 1-3'. All data obtained were qualitative. The informants were all located in the townships and conducted face to face, besides the last one that was held on Skype.

None of the interviews that were held with relatives to girls with disabilities were recorded because of the respondents not feeling safe to open up about their experiences on tape. Instead, I took detailed notes to minimize the risk of not being



deprived of fruitful information. The interviews held with staff of the NGOs were recorded and transcribed. I did not require an interpreter since all interviews were held in English, which was convenient for both parts. All interviews lasted between 45-75 minutes, with an average time of 55 minutes. They were all semi-structured and I, therefore, had an interview guide prepared in advance. An interview guide is described by Bryman (2011: 419) as a shorter list of the areas to be covered during the interview, or a more structured list of the issues the researcher wants to cover during a semi-structured interview. The interview guide is for that reason consisting of themes that are linked to the study's research questions. I prepared two interview guides that were modified to fit either the relative or NGO (see appendices). Since the interviews were carried out in a semi-structural way I could follow up with other questions and give space to new topics.

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Before the first interview was conducted a pilot interview was held with one staff member at a local NGO to ensure the quality of the interview, relevant topics for the aim of the research, and to be sure that the questions would be understandable. According to Bryman (2011: 258), a pilot study should be conducted before the actual survey with interviews begins. It is not only desirable to conduct pilot interviews to ensure that the questions and topics work as planned, but also to ensure that it is

beneficial. A pilot interview also gives the researcher a better picture of how the interviews should be conducted as well as greater habit and safety in the area. The pilot interview was held when the interview guide was completed and uncertainties, misunderstandings, and consequences were discussed with the respondent. The questions that the interview guide contained answered the purpose of the survey, but was supplemented with a few alternatives to follow-up questions to generate more explanatory answers. Some questions also became relatively unnecessary, which were then removed from the interview guide.

However, from the 14 interviews that have been conducted, I will emphasize four challenges that will be presented in the analysis and discussion of this thesis. I have chosen these themes because they came up in most of the interviews that were held throughout the data collection, but also because they are linked to each other and challenges with sexual violence. These four topics that will be discussed are attitudes and values, social norms and beliefs, barriers to reporting, and the police and justice system.

#### 4.4 Research Ethics

There are numerous research ethical considerations to keep in mind when conducting a study of this kind. According to Bryman, there are four main research ethical principles in social science studies; the information requirement, the consent requirement, the confidentiality requirement, and the use requirement. The information requirement includes informing potential respondents about the purpose and aim of the study, how the results would be presented, and that participation is strictly voluntary and can be interrupted at any time (Bryman, 2011: 131). The consent requirement is based on the fact that the researcher needs approved consent from the interviewees and that they decide on their participation in the study (Bryman, 2011: 132). These requirements are met because, before the interviews, respondents were given oral information referred to that they were not forced to participate and that they could cancel the participation at any time (see

Appendix 1). All interviewees approved their participation and also agreed that I could take detailed notes in those cases where tape recording was not an option. The confidentiality requirement means that personal data on the participating individuals must be treated with the utmost confidentiality and kept so that no unauthorized person can access them. Moreover, the utilization requirement means that the data collected for the purpose of the study from individuals may only be used for the research purpose and the intended study (Bryman, 2011: 132). This requirement is fulfilled since there is no personal information about the individuals who have been interviewed. Before the interviews were held the respondents' anonymity was well-defined, something that was required for some of the respondents' participation to enable them to open up about their experiences. Some questions were obviously uncomfortable to talk about but the choice of not responding was given at all times. The few recorded interviews were also not handled by anyone unauthorized. The transcribed versions of the interviews were stored on a locked computer that I only had access to. Furthermore, no names or any sort of identification were included in the transcribed versions to ensure the confidentiality of the participants.

#### 4.5 Analytical tool and coding of interviews

Thematic analysis is applied in this thesis in order to understand the prevalence and nature of sexual violence against women and girls with disabilities. This type of analytical tool is preferred when the researcher aims to organize data and produce common patterns and themes of the empirical material. For instance similarities, differences, reiterations, metaphors, and analogies have been categorized systematically (Bryman, 2011: 528-529). After the interviews were held several common keywords and themes were concluded, for example, vulnerability, curse, economic dependence, poverty, stigmatization, low levels of education, and fear of reporting. These words were later on mapped and organized with similar and comparable answers and information. The majority of them are discussed in the final

themes of the analysis, but they overall confirm the information from previous research on this subject.

Because of the limited time and scope of this study, some interesting information had to be excluded from the research, as Bryman states (2011: 523-524) it is not unusual that a researcher has to reduce codes when they do not prove to be useful or lack capacity. However, the themes that were most common and central from the interviews are presented and analyzed in the next chapter. The four main challenges are: vulnerability factors, socio-cultural norms, and beliefs, barriers to reporting as well as the police and justice system.

#### 4.6 Reliability

Reliability is a significant aspect of conducting investigative studies. Reliability consists of four sub-criteria that include credibility, transferability, reliability, and an opportunity to prove and confirm. Credibility expresses that the author reconnects to the respondent to ensure that the respondent's answer is interpreted correctly. The transferability includes how transferable the results of the study are to another situation, population, environment, etc. Reliability is designated to guarantee that the material is clearly produced and easy to follow throughout the study. The last criterion is the possibility to confirm the researcher to be objective during the research process and not be influenced by their own personal values (Bryman, 2011: 354-356).

The credibility was thus ensured by continually asking if their answers were interpreted correctly and by asking follow-up questions to further investigate the given answer. It is difficult to determine if the study fulfills the requirements for transferability in the sense that the study can be transferred to another environment since it is practically carried out because the respondents' personal experiences and experiences are not transferable in general. In the way the study is built and structured, it is my belief that it is easy to follow and clearly presented, which meets the requirement for the reliability of qualitative studies. The last criterion, the

possibility of strengthening and confirming, is considered fulfilled seeing I was constantly reflected on my own values and that I kept an objective approach throughout the process.

#### 4.7 Limitations of the study

Semi-structured interviews were chosen as the interview method because it would ensure that no significant aspects were forgotten when conducting the interviews. Early in the study, the use of both structured and unstructured interviews was excluded. This is because structured interviews were unlikely to provide the study with a detailed analysis that it would require. The structured interview, on the other hand, could have given rise to bias or that important aspect could potentially have been left out since structured interviews do not allow for questions to be asked outside the given interview guide (Bryman, 2011: 223-224). Another disadvantage of using interviews as a method is that the researcher can influence the respondent by asking leading questions to get the answers the researcher wants. This was countered by asking open questions, that the answers the respondents gave were followed up and that the respondents were given time and space to answer the questions at their own pace.

Moreover, the data that has been used in this research only refers to people living in two townships in the Western Cape Province, since I already had initial contact with an NGO operating in these areas. However, this was not seen as a weakness as long as it was kept in mind and reflected on that along with the study. Rather, the previous contact with the NGO contributed to the experience that the respondents shared their experiences and knowledge which had a positive impact on the study. To interview people with disabilities, relatives, and NGOs in the mentioned townships makes it hard for the results to be generalizable, however, this was not the actual purpose of the study and is therefore not considered a major weakness for the results. Furthermore, it could be discussed whether other methods would relate to the same type of study and to what degree the study's results were affected by the chosen method. Thus, using other townships could also lead to results other than

those that were presented in this thesis. Additionally, this study only explores the female perspective on sexual violence and disabilities hence, the male aspects were left out due to the limited scope of this study.

Efforts have been made to include the perspective of governmental departments in South Africa, but neither the Department of Women, Youth and Persons with Disabilities nor the Department of social development had the time to participate in this study. The lack of their understanding might be considered as a limitation of this study since there might be additional factors that other actors did not mention that they would fill. But then again this study has its aim on the experiences of sexual violence faced by girls living with disabilities, and not what the departments are doing to improve the situation and how they care for their human rights.

This chapter about the methodological approach has described how the empirical study has been carried out in methodological terms, ethical considerations, and its limitations. The next chapter presents the findings and results of the interviews.

## 5. Findings on sexual violence in the townships Langa and Gugulethu

This chapter presents the key findings of the study through the research question: How is the nature, forms, and prevalence of sexual violence experienced and perceived by women and girls with disabilities? The results from the interviews are presented which enable us to get a perspective on the participants, their disabilities, and experiences. Thereafter, four significant challenges that emerged from the interviews will be discussed separately to clarify how sexual violence and its consequences are experienced in these rural areas. These include the vulnerability factors that put disabled girls and women at risk for sexual and gender-based violence, the socio-cultural norms and beliefs, the barriers to reporting cases of sexual violence, and the police and justice system in the townships.

### 5.1 Results

This investigative study on sexual violence against women and girls with disabilities highly reveals that women with disabilities are vulnerable to sexual violence based on their gender and disability, in the townships where this research was conducted. The results presented in Figure 1 indicate that the abuse and violence these women are subjected to is shaped by their specific disability as they are perceived as powerless and defenseless with limited access to protection, in comparison to non-disabled people. Of the 15 interviews conducted in this research study, eleven involved girls and women with disabilities, whose ages ranged from 12 to 26 years old. The types of disabilities that were represented in the group is as following;

| <b>Age</b>   | <b>Disability</b>  | <b>Sexually victimized</b> | <b>Made a police report</b> |
|--------------|--|----------------------------|-----------------------------|
| 12 years old | Cerebral palsy   | Yes                        | Yes                         |
| 14 years old | Down's syndrome  | No                         | No                          |
| 16 years old | Fetal alcohol syndrome                                     | No, only physical violence | No                          |
| 18 years old | Brain injury that lead to paraplegia (mobility impairment) | Yes                        | No                          |
| 18 years old | Car accident that lead to paraplegia (mobility impairment) | Yes                        | No                          |
| 19 years old | Down's syndrome  | Yes                        | No                          |
| 20 years old | Cerebral palsy   | Yes                        | Yes                         |
| 22 years old | Brain injury that lead to paraplegia (mobility impairment) | Yes                        | No                          |
| 24 years old | Fetal alcohol syndrome                                     | Yes                        | Yes                         |
| 24 years old | Severe autism  | Yes                        | Yes                         |
| 26 years old | Elephantiasis (mobility impairment)                        | Yes                        | No                          |



### *Figure 1. Participant information.*

Out of these eleven interviews with women and girls with disabilities and relatives of women and girls with disabilities, who could not communicate by themselves, only two had not experienced sexual violence in their life. One of these two girls had, on the other hand, been subjected to physical violence and abuse because of her gender and disability. That results in one girl out of eleven that had remained unaffected of sexual and physical violence and abuse. Only four cases of sexual violence were reported to the police.

However, the sexual violence was recurring and more critical in some of these cases than others, but over all the sexual violence these girls and women had been subjected to caused psychological, social and health difficulties for all of the participants in this study. The interviews with staff from the local NGOs described how disability and poverty increases the risk of gender based violence. They also recognized that sexual violence and abuse as a topic is a taboo in the township that is rarely spoken about.

## 5.2 Increased vulnerability

The most common type of sexual violence is the one perpetrated by someone close to you, which leads to the assumption that a high risk of vulnerability is being in a relationship or being dependent on caregivers, family members, etc. There are a few vulnerability factors that the majority of the women and girls with disabilities in this study have in common, such as economic independence.

He decides everything and I have no choice but to agree and do what he says. If I did not have this disability I could take care of myself and have a job of my own and earn my own money. Then I would not have to do what he wanted, right? But I do not have a choice now. I have this disability and I'm being sexually abused because I am dependent on him. It is the only way I can take care of my kids (Participant 2).

As claimed by Traustadottir (2002) perpetrators of sexual violence use different vulnerability factors to raise and establish opportunities for violence and abuse. Women and girls with disabilities are often economically vulnerable since intimate partners, caregivers or others are taking control of their financial resources such as the disability grant. The lack of economic independence is, according to Traustadottir, a major risk of gender-based violence.

Another factor that lies close to economic independence is poverty which often is a result of women being economically dependent on others. Poverty is, in fact, an underlying aspect of gender-based violence (WHO 2005). The South African Human Rights Commission (SAHRC, 2017: 13) stated that disabilities increase by poor living conditions, lack of hygiene and sanitation, inadequate health care, poor nutrition, and where access to media and information is limited. They also claim that it is a vicious circle where poverty causes disability and vice versa.

[...] to generalise all of them [disabled girls and women] live in some kind of poverty, some more extreme than others. Which makes them vulnerable to sexual violence, gender based violence abuse and threats (Staff member NGO 1).

It is a tabuu, nothing you speak about. If the perpetrator is in a power role you keep quiet of the rape or whatever happened (Staff member NGO 2).

All of the interviewed women and girls are not getting the monthly disability grant by the government which is supposed to help them and their families financially. This endangers women with disabilities to sexual violence when men take advantage of their distressed situation. One participant shared her experience of a man who took advantage of her and her family's poor financial situation.

I got to know sex through rape which was my very first sexual experience. A young man was staying at our place and he raped me. He knew me and my

family needed money so somehow it was OK. It happened continuously as we needed the money (Participant 4).

[...] When a disabled person, like she is, gets raped, they often keep quiet and try to hide the evidence because they can not afford to lose money they receive from the abuser (Relative to participant 3).

One of the local NGOs working in the township expressed:

Poor women are facing a higher risk of intimate partner violence, which makes them vulnerable to sexual oppression from those who can promise and or give them money or the things they need (Staff member NGO 2).

I have heard of several cases where disabled girls have been subjected to trafficking by their own families. Because they think of them as undesirable and might get some financial aid (Staff member NGO 1).

As is mentioned through the answers from the interviews girls and women with disabilities have in fact a high dependency on others, which often are the perpetrators of the violence and abuse, for care, financial support, and fundamental needs for survival.

The participating NGOs all three indicated that intellectually disabled women and girls are more vulnerable to sexual and gender-based violence than women with other kinds of disabilities. This is because their intellectual disabilities decrease their ability to actually understand what they have been subjected to, as well as their limits in communication. A research study made by African Child Policy Forum (2014) on violence against intellectually disabled children almost every individual interviewed had been experiencing sexual violence at least once in their lifetime, but several more than one time.

These girls [intellectually disabled] are often excluded and hidden away in their homes. As a result they do not understand their rights or that they even

have rights in the first place. They often have low self-esteem, are disrespected by society and considered easy prey by perpetrators of sexual assault (Staff member NGO 3).

I'm worried that men in the community will take advantage of her. I know she has been sexually victimized a few times. I don't think she understands it's illegal or that she has a choice. As I said, she likes getting attention from everyone, man or woman (Neighbour to participant 6).

ID's [intellectually disabled] often get sexually abused because they don't have a voice or are defenseless (Staff member NGO 1).

According to one of the NGOs, the community and families of girls and young women with disabilities state that these individuals are not in need of sexual education or information on reproductive health and rights. Stigmatization and misconceptions about women with disabilities lead to a lack of information that prevents women from being capable of making their own decisions.

Lastly, as claimed by the United Nations Population Fund (2018) their research suggested that children are at a greater risk of violence when in school, but not women and girls with disabilities. The risk of violence increases for them when they are not in school. Apparently, the perpetrator's perceptions are that there is a decreased risk of getting caught when violating disabled girls in their home environment. Service providers, family members, and neighbors know that they are home alone and therefore take the opportunity to sexually violate, as they know the risk of being exposed is little.

I do not feel like a human being as everyone else. I feel like people are talking about me and accusing me of being a loose woman. As if I think being raped

is fun, like it's my choice. Which it isn't. It's just that I don't have the ability to walk away since I'm paralyzed (Participant 10).

Nosek et al (2001) point out that the different shapes of violence are structured by the dimension of the disability. Hence the vulnerabilities that present will differ depending on the various disabilities. For a person with a mobility impairment that hinders her from physically escaping would be different compared to a deaf woman that could escape the situation but would be troubled in another sense not being able to communicate properly. Different disabilities increase or decrease a person's vulnerability to sexual violence. Women and girls with disabilities are also at an increased risk of social segregation and exclusion, which could raise the factor of vulnerability that leads to sexual violence and abuse.

### 5.3 Socio-cultural Norms and Beliefs

The socio-cultural norms and beliefs about people with disabilities differ within families and communities, but overall they are affected by attitudes and norms which include myths about disabilities that can result in a higher risk of violence and abuse (United Nations, 2016b: 5). According to Garland-Thomson (2005: 1567) Women and girls with disabilities have been, in contrast to non-disabled women, portrayed as incapable, useless, and unfit, as well as considered to be asexual, unsuitable for parenting and undesirable.

Disabled women are perceived as asexual or alternatively, while women with an intellectual disability are more often viewed as promiscuous (Staff member NGO 1).

They believe that disabled women secretly want to be raped or that they are asking to be raped. Instead of rape being a serious crime it's considered to be an effect of uncontrollable passion (Staff member NGO 2).

This may be intensified by the community's beliefs that disabled girls and women are perceived as passive and unknowing. They are therefore seen as easy and vulnerable (Nosek et al, 2001: 178). Through different interviews, it became apparent that a lot of people in these African communities believe that if you are born with a disability it is caused by the mother's promiscuity, a sin, or a curse that claims demonic possession. This myth and tradition lead to disabled children being locked away and hence excluded from their communities, school, and their fundamental human rights to avoid bringing shame to the family.

The old tradition that a disability is the result of a curse or something that brings shame still exists. Even more so by the elderly in the townships. These beliefs are rooted in religion and are not prevalent in white communities (Staff member NGO 1).

The most crucial myth and misconception in Southern Africa is the belief that HIV/AIDS positive people can get cured by having sexual intercourse with a virgin. Women with disabilities are perceived as asexual and therefore disabled girls and women are seen as virgins. This misbelief makes them vulnerable and exposed to 'virgin cleansing' as the perpetrator believes that having sex with a disabled girl will cleanse him from diseases (Hanass-Hancock, 2009).

People here believe that when a guy has sex with a disabled woman they would get rich or cured of HIV/AIDS. Or that a disabled woman brings luck once raped. [...] They also believe that disabled people, whatever sort of disability, can't get AIDS or any diseases like that (Staff member NGO 2).

It is especially young women with disabilities who are facing a higher risk of rape by infected men because they are often incorrectly believed to be virgins and asexual. If adding mobility impairments to this belief the vulnerability factors of getting sexually violated increase tremendously. These social myths on disabled girls being

asexual presents even more opportunities for sexual exploitation and emotional abuse. However, it is not clear how common this myth is. A few of the people interviewed had not made up their mind when it came to curses and demons, while others did not believe in it themselves and mean it is the older generations who might have this belief.

Previous research on this issue made by Hanass-Hancock (2009) also concluded that people with disabilities are observed as 'liking sex too much' or not being sexually active at all and that they, therefore, are unable to understand sexual matters. Consequently one can argue that this would call for more strengthened attempts to provide sexual education and awareness. But due to the socio-cultural norms and beliefs, NGO 3 claims that the community is reluctant to provide this sort of education for disabled people since the social and cultural norms are not acknowledging their capacity to understand sexual matters or being able to consent to sexual acts. As a result of these old religious myths disabled women are also denied information about HIV prevention and safe sex, denying is not equal to protecting these individuals.

Once a month we go to the health care center to get her birth control injection to make sure she does not get pregnant from any rape. [...] it might sound weird to you [me as the researcher] because she can't communicate if she wants the shot or not, but it is the only way we can ensure she is protected (Staff member NGO 1).

This brings up a human rights issue if it is permissible, as an NGO, to manage forced contraception to the mentally and intellectually disabled without their consent. On the other hand, if they would not help her with contraception she would most likely become pregnant. Something that would be another issue since she would not be able to care for a baby when she is not able to care for herself. The question might be aimed at minimizing the risk of getting raped instead. To make sure girls and women with disabilities are in safe environments, protected from any sexual violence perpetrators.

One major challenge is changing the current socio-cultural norms and beliefs that put women in a subordinate position. By involving the community and thus both women and men to change the mindset about sexual violence against people and especially women with disabilities.

People do not understand the situation for women with disabilities and what they are going through as survivors of sexual violence. Most of them justify the assaults by saying "What's done is done, there is nothing we can do about it". How can that be the solution to girls and women being raped? (Neighbour to participant 6)

There are too many women who are victims of sexual violence. In order for the situation to change we have to teach women about their legal and human rights. We have to educate our community on the importance of protecting disabled women. The benefits that it will bring to the entire community (Staff member NGO 3).

## 5.4 Barriers to reporting sexual violence

South Africa is considered to be the "rape capital of the world" because of sexual violence against women and children being so widespread, it is among 5000 rapes a day in this country. Despite the high number of rapes, it is still an extremely underreported crime (Pillay and Sargent, 2000: 9). Because of the underreporting of sexual violence, it is difficult, or even impossible, to estimate the exact magnitude of the problem. It is even more difficult to estimate sexual violence against women and girls with disabilities since they might not know that sexual violence is a crime, they have severe challenges in communicating or because of fear.



I did not report to the police because he [the perpetrator] knows where I live and knows that I have a son. I know he is a member of some kind of gang and as a single mother, I had to protect my son in the first place. [...] Whether to report or not was non-negotiable. [...] I do not know what he would do if he found out that I reported to the police (Participant 2).

I believe she has always been afraid of his [the perpetrator's] temper, and so that really scared her to come forward. It took a while before she communicated to me. I did not want to put her at a higher risk of creating even more violent abuse. So I did not do anything about it. I did not report (Relative to participant 1).

Several interviewees feared that reporting their case to the police could expose them to abusive situations and therefore decided to not report. For women and girls with disabilities who are being sexually victimized by their caregivers can result in withdrawal of support and even more abuse that eventually could lead to death (Prochuk, 2018: 49).

We have not reported to the police because I am afraid that he [the perpetrator] will stop caring for her. He is a close friend to the family, like an uncle, and she would not have a caregiver if he would be prosecuted and in jail. Who would be there for her in that case? I can not afford to quit my job to care for her (Relative to participant 8).

To leave a job in order to provide for a disabled person is not that easy for many of the relatives to the interviewed participants. For some that is the only income, they have to provide their family with. It is therefore quite common that the caregivers that, in many cases, also are the perpetrator continues to work for the families, even if they know that their disabled daughter is being sexually abused. According to Prochuk (2018: 50), a significant barrier to reporting is the threat of losing resources such as care, that is being provided by the perpetrator.

I feel like there is a lot at stake if I were to report the sexual violence that I'm a victim of. Gugulethu [the township where she lives] is quite small. People here know each other, and people know him [the perpetrator] as well. [...] Sometimes the risk of it getting out and with all the details... it would really embarrass me. I do not want to bring that shame to me or my family (Participant 9).

Guilt, embarrassment, and feelings of shame is not rare for survivors of sexual violence. These women often blame themselves for the abuse. In one interview a woman continued to say "It would not have happened if..." as if it ever was up to her. The sexual assault would not have happened if the perpetrator of violence chose not to sexually victimized an individual.

When it comes to intellectually disabled people both the NGOs and some of the interviewed relatives to disabled girls mentioned that reporting a case of sexual violence against an intellectually disabled person is extremely rare. Both because these victims might be unaware that a crime has happened or because of their communication issues. That they are not capable of explaining what happened in words.

Most of them can't express in words what they have been experiencing. But some of the girls' behavior shows that they have experienced both physical and sexual violence (Staff member NGO 1).

Women and girls with intellectual or psychosocial disabilities, may not know that sex without consent is a crime and should be reported to the police. Most of them do not have that way of thinking when it comes to sexual acts and has not had access to that kind of information or sexual education (Staff member NGO 3).

In 2016 a 16-year-old girl with an intellectual disability became a victim of sexual violence. She was raped repeatedly by a close friend to her caregiver. She was unaware it was a crime that is supposed to be reported to the police and she had issues in communication. Her family was also unaware it had happened until they discovered that she was pregnant. According to the NGO, this was not their first situation like this. Women and girls with disabilities experience severe barriers when it comes to reporting, especially people with intellectual disabilities. Louis Sicking's (2013) research made in South Africa states different misconceptions about disabled people not being able to act as a witness, as they have a hard time recalling situations and in identifying the perpetrators. This is also why the police find it hard to prosecute these cases.

In conclusion, victims of sexual violence face great barriers to reporting to the police. These people are often disbelieved, unaware that they are supposed to report or afraid that they will get even more abused if they make a report. These barriers need to be conquered in order for disabled women and girls to get the justice and support services they deserve. In the next chapter, I will discuss the experiences of the police and justice system when a case actually is reported.

## 5.5 The police and justice system

I know that sexual violence cases like this that happen to people like me aren't the focus of the police. They would rather focus on 'real' crimes that happen to 'normal' people or murders. Not multiple rapes on a girl without legs (Participant 2).

This participant's experience is not unique. According to one of the NGOs, there is a number of reported sexual violence cases on disabled people that never get past the first steps of the process at the police. A staff member described the process as it's there and it should work but it's reliant on human interpretation and access and

belief that justice will prevail. Which it usually does not, hence the justice system is considered to be imperfect.

Most of the cases get reported to the police but there's nothing that could open the case since the police officers forget basic things in the process, like dates and such. Because the officers themselves don't understand the process. The access to justice for the girls is therefore not there (Staff member NGO 1).

One of the major challenges for the police seems to be collecting the right information when a report is being made. Reporting, recording, and investigation as required by law for it to proceed to court are not being done. Rich and Seffrin (2012: 264) describe in their study the importance of police officer skill when taking on a sexual violence case. They claim it is important because it can affect the victim and his/her cooperation with the authorities, the level of trauma that the victim experienced, and the quality of the police report. There is not enough research on the skills of the police officers in this area to make a conclusion. However, there are various perspectives on the attitudes of the South African Police Service and how helpful they can be.

The police officer asked me rude and offensive questions like how it felt being raped. I was beaten unconscious, so how would I know? And even if I did, why would I answer that question? [...] They said something about me being mental and delusional, and ended the case there. Reporting my abuse to the police is the hardest thing I've ever done (Participant 7).

I did report one case almost a year ago now. She was raped by several guys from a street gang here in Langa. I found out because my husband caught them. Her parents weren't going to do anything so I decided for myself that I would help her get justice. They [the police officers] said they were going to take a look at it but I still haven't heard from them. Maybe it is because she's disabled, I don't know (Neighbour to participant 6).

It is difficult for women and girls with disabilities to get access to the justice they deserve because of the stigma and marginalization they are facing due to their disability. This culminates in poor health services and medical care, besides not getting the support they need to take on the justice process. This is actually up to the government, to ensure that the rights of disabled people are being pursued. Because the South African government has signed the United Nations Standard Rules on the Equalization of Opportunities for People with Disabilities (United Nations, 1993) the government needs to make sure that people with disabilities have and can exercise the same rights as other members of the society. This is also enshrined in the Universal Declaration of Human Rights which presents the most crucial international treaty on human rights, as well as human rights for people with disabilities. Yet, relatives to disabled south Africans express things like this:

I reported to the police because she needs justice. This [sexual violence against disabled people] needs to stop. Even if they are born with a disability it doesn't mean they are up for grabs. They are human people, for god sake. What happened with their rights? (Neighbour to participant 6).

I felt like they [police officers] cared more about other cases and not getting too much on their plate. They said they had enough workload. [...] I also know that the police are corrupt and take bribes. Not all of them, but people can pay for a case to disappear. Especially against a disabled woman since we are generally not believed when reporting or disclosing reports on sexual violence or abuse of any kind (Participant 2).

It is not only the distrust in the police that is the issue, but it's also the lack of support and guidance when a report has been made that is insufficient and where the system fails to accommodate its survivors. The staff member from NGO 3 mentioned that there should be an instance in the townships who provide for free legal guidance since many women have scarce income, if any, and won't be able to

pay to get the guidance of any sort. If society was made aware of this situation and created safe institutions and environments for victims to get access to help, support, and education then more people might make a report.

A big fraction of people are no longer tolerating this kind of behavior. More organizations have started in these communities, the schools are more aware therefore youth are more aware, governments are trying to do their best but don't really accomplish what they wish for. We can not be quiet about the things that are happening in front of our eyes anymore (Staff Member NGO 3).

I wish for the police to be more understanding. Listen and actually take on a few of these cases. There are a lot of them and I think girls and women like myself might actually report to the police if we knew that the police officers were being serious and taking on a few of our cases (Participant 9).

I want to be taken seriously. To actually get a case going and finish it. Put the violators and perpetrators behind bars. For the police officers to see these girls as important for the community and to send the right message to our society and the members in it. People with disabilities are people as well, just like you and me (Relative to participant 1).

## 6. Discussion and summary

The main purpose of this study was to examine the prevalence and nature of sexual violence against girls and women with disabilities in Langa and Gugulethu, South Africa. This chapter summarizes the results of the interviews and describes them by applying the selected theoretical frameworks, the social model of disability and feminist disability studies.

The results of the interviews suggest frequent violations of fundamental human rights. Nearly every individual (82%) participating in this study had in fact been subjected to sexual violence, at least once in their lifetime. It is remarkable how vulnerable these girls and women are to the violence of various sorts and the barriers they face when reporting which leads to a lot of cases not being reported to the police. The use of a theoretical framework that combines contributions of feminist disability studies and the social model of disability is considered to be useful for this aim. It reveals how the lives of girls and women with disabilities are affected and that their disabilities make them vulnerable to violence and abuse.

Given the social, historical, and economical factors women and girls with disabilities are facing a higher risk of violence, according to the feminist disability studies. The theory has its starting point in a patriarchal society that benefited men before women, where male privilege was pivotal (Kramer, 2005). From this point of view, the oppression and inequality women are experiencing is connected to how society is built and organized. Both physical and sexual violence against disabled women in the townships is entrenched in the need for perpetrators to use their structure of power and control over the girls who become their victims. Thus having a disability serves as an added factor of vulnerability and is therefore used by the perpetrators in these cases.

Through feminist disability studies, one can better understand the intersection between gender and disability as a socio-political phenomenon. The manipulation

and need for control that has been described as a common feature of the perpetrators go well in line with the feminist theory. This kind of behavior has been established as a sociocultural norm in the patriarchal society that is Langa and Gugulethu and is something that still prevails today as indicated in the example below.

He decides everything and I have no choice but to agree and do what he says. If I did not have this disability I could take care of myself and have a job of my own and earn my own money (Participant 2).

The social model of disability expresses the fundamental dilemma of disability as one of social ill-treatment and focuses on removing barriers in society to assure that people with disabilities are given the same possibilities to exercise their rights on an equal basis as to all other members of society (Barnes, 2019: 16). It is mentioned in the interviews that it is difficult for women and girls with disabilities to get access to the justice they deserve because of the stigma and marginalization they are facing due to their disability. Disabled people are set apart from mainstream society in ways that create a direct challenge to social values as other members of society state that disabled people are coming across as different, useless, unfortunate, and sick. It is clear that it is the society that labels impaired people as disabled and makes them a socially oppressed group of the community, as Barnes (2019: 16) also stated in his research.

By the research done in this thesis, it is clear that the hindrance of having a disability is not entrenched in the differences in how our brain or body works. On the contrary, as claimed by Fitzsimons (2017: 50) it is the social barriers, whether physical, psychological or attitudinal, that are most undermining for people with disabilities. The social model of disability alters practices away from acts of charity to acts of practices that create an inclusive society in which everyone has the same opportunity to easily participate and to be seen as a person of the community, regardless of being a disabled or non-disabled person. There is a need for the social model of disability to be spread to rural areas like the townships in the Western Cape Province because women view themselves the same way as other members of



society are viewing them, which is incapable of human beings who can not contribute to society. They do not believe they are included as bearers of human rights, they do not report their cases to the police because they fear they won't be cared for or believed and they do not want to be embarrassed and put in a box, etc. These women need to remove the dis from disability and accept themselves for who they are in order to work and raise awareness towards their own human rights. Many of the young women I have interviewed in this thesis have adopted the overall attitudes and values of the society onto themselves as not being able.

When it comes to sexual violence, physical abuse, and discrimination we can draw the conclusion that women with disabilities are more vulnerable and defenseless than their male counterparts. Mostly due to men taking a more manipulative and controlling role over women as well as using their exercise of power that is claimed in both of the chosen theories in this framework. By analyzing the data collected in this research study it is clear that the female gender and having a disability are linked to vulnerability, oppression, and powerlessness. Feminist disability studies, therefore, gets a vital position when analyzing the experiences of sexual violence and abuse against girls and women with disabilities.

The chosen theoretical framework also recognizes disability as a method of stigmatization, social isolation, and exclusion, which are often accompanied by physical disability and may reduce a woman's self-esteem. The experiences of the sexual violence that women and girls provided in this thesis revealed that being disabled is not a protective factor, rather the opposite. On the other hand, disabled women and girls are vulnerable to gender-based violence and sexual assault because of their female gender as well as having a disability. Being a woman with a disability is allowing perpetrators to take advantage of the opportunities for sexual violence as well as emotional and physical abuse.

## 7. Conclusion

This chapter aims to answer the research question: How is the nature, forms, and prevalence of sexual violence experienced and perceived by women and girls with disabilities?

The conducted interviews suggest that the prevalence of sexual violence is very high among women and girls with disabilities in these areas. In this small investigative study, two out of eleven participants had not been subjected to sexual violence, which means that 82% of these girls had been sexually violated at least once in their lifetime. Although these figures are not generalizable to other environments, countries, or people, they still indicate some signs of the prevalence in this given area. Out of these eleven girls and young women only four had reported a case to the SAPS, which is a total of 64% in this sample.

The findings from the interviews indicate that domestic violence is very common among victims with disabilities. The perpetrator is often someone who the survivor knows, such as caregivers, family members, neighbors, or other close members of the community. Disabled people may be very dependent on their caregivers which generates an opportunity for violence which results in a few police reports and limits the possibilities for escaping the abusive relationship they are in. The difficulties that disabled women and girls experience are created by society and the contextual environment, as is stated in the social model of disability. Women and girls with disabilities are especially vulnerable to sexual violence because of attitudes, socio-cultural norms, and beliefs as well as lack of quality education, poverty, protection, and poor living conditions. All of the aspects mentioned above increases the risk for disabled women and girls to become victims of sexual violence and abuse.

Violence against women with disabilities becomes apparent in a patriarchal society that discriminates against people with disabilities, and especially women. Women and girls with disabilities, like non-disabled women, are not spared gender-based violence and abuse. There are a number of factors that make women and girls with disabilities more vulnerable and more likely to be faced with sexual violence including, poverty, issues in communication, low level of education, dependency on caregivers, or others who are often the perpetrators of violence, etc. These are as well the factors that prevent women from reporting their victimization to the police. This makes it difficult to establish accurate statistics on sexual violence against disabled women and girls in Langa and Gugulethu.

Other findings that came across in the data collection of this thesis was that community perceptions about women with disabilities dictate the nature, form, and prevalence of sexual violence. It is clear that in order to create a safe and protected environment and end gender-based violence against disabled women and girls a change in the perception that society has on disabled people is needed. Without change from within the society gender-based violence and sexual violence against women and girls with disabilities will continue to grow. The civil society as well as the South African government plays a huge role in recognizing disabled women as normal human beings and bearers of human rights.

## 8. Recommendations

This brief chapter is about suggestions for future research on this topic and summarizes some of my recommendations for ending gender-based violence and sexual violence against women and girls with disabilities.

The main goal of sexual violence prevention is to make sure it does not happen in the first place. The answer to the problem is just as difficult as the problem itself. By addressing elements at all levels - individually, relationally, community-based and at state-level sexual violence may be prevented. Keep in mind that, as stated in *Sexual Violence 101* written by the West Virginia Sexual Assault Free Environment Partnership (2010: 65) we do not teach people how to dodge bullets in order to prevent getting killed by murderers. In the same way, disabled women and girls can not prevent sexual violence by avoiding the perpetrators.

More research is definitely needed to better understand why girls and women with disabilities are at an increased risk of being subjected to sexual violence and abuse. In order to better determine the prevalence of abuse against disabled women, a larger sample will be needed to be able to generalize the phenomenon and the common vulnerability factors. Other qualitative research methods than interviews such as questionnaires and focus groups could make a larger sample possible. What follows are my recommendations on how to prevent sexual violence from happening to disabled girls and women living in rural areas.

- Promote social norms, attitudes and values that protect against sexual violence and people with disabilities;
- Teach safe sex education from an early age in order to prevent sexual violence;

- Empower and support girls and women with disabilities, especially in rural areas;
- Create safe and protective environments;
- Support survivors of sexual violence to reduce the damage;
- Make sure victims of sexual violence report to the police;
- Make sure the police and justice system take cases on gender-based violence and sexual violence among disabled people more seriously;
- Awareness raising and communication about sexual violence and domestic violence;

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## Table of interviewees

| Interviewee        | Date of interview | Employment             | Field of work   |
|--------------------|-------------------|------------------------|---|
| Staff Member NGO 1 | 17/2-2020         | Occupational Therapist | After school activities and supportive programs to empower vulnerable children and youth. |
| Staff Member NGO 2 | 19/3-2020         | Executive Director     | Working with children and youth who are affected by trauma and abuse.                     |
| Staff Member NGO 3 | 25/3-2020         | Social Worker          | Provide support services within the intellectual disability sector.                       |

| Interviewee                | Date of interview | Age          | Disability      |
|----------------------------|-------------------|--------------|-----------------|
| Relative* to participant 1 | 17/2-2020         | 24 years old | Severe autism   |
| Participant 2              | 17/2-2020         | 26 years old | Elephantiasis   |
| Relative to participant 3  | 18/2-2020         | 12 years old | Cerebral Palsy  |
| Participant 4              | 26/2-2020         | 18 years old | Car accident    |
| Relative to participant 5  | 3/3-2020          | 14 years old | Down's syndrome |
| Neighbour to participant 6 | 16/3-2020         | 20 years old | Cerebral Palsy  |
| Participant 7              | 16/3-2020         | 18 years old | Paraplegia      |
| Relative to                | 17/3-2020         | 19 years old | Down's syndrome |

|                            |           |              |                        |
|----------------------------|-----------|--------------|------------------------|
| participant 8              |           |              |                        |
| Participant 9              | 19/3-2020 | 24 years old | Fetal alcohol syndrome |
| Participant 10             | 19/3-2020 | 22 years old | Paraplegia             |
| Relative to participant 11 | 19/3-2020 | 16 years old | Fetal alcohol syndrome |

\*Relative or neighbor to participant means that the disabled girl or woman could not communicate clearly by herself, hence a close someone spoke for her and shared her experiences.

# Appendix 1

## Process of Questions to Non Governmental Organisations

### General information

Can you tell me a bit about your role?

What are your main tasks?

How long have you been working here?

What is your educational background?

### Case Study - Sexual and physical violence

What is your experience working with women and girls who have disabilities?

To your knowledge, do you work with any girls/women with disabilities who have experienced violence?

What are the characteristics of the women with disabilities who have experienced violence (e.g. disability, age, ethnicity, financial situation, etc)?

What type of violence were they experiencing? Sexual or physical?

Do you have any recent cases involving sexual violence against women with disabilities? Can you tell me a bit about the circumstances of the women who you work/worked with who have experienced sexual violence?

What do you think are the main challenges for women with disabilities who have experienced sexual and/or physical violence? Are they more vulnerable than other women or members of the society?

What's the perception of disabilities in the communities where you work?

What's the perception of sexual violence against disabled women in the communities where you work?

Is disability seen as a curse in the communities where you work?

How did you find out these girls/women were experiencing violence?  
(especially the intellectually disabled women and girls)

How common is it to report cases of sexual violence to the police?

Based on your own experiences, if you could change one thing about the way the justice system deals with women's experiences of sexual violence, what would that be?

### **Before finishing**

What is needed to overcome the main problems that you have mentioned?  
Which actors are responsible for improving the situation?

Do you know someone else on this topic that you think I should speak with?

Do you have something you would like to add before we end this interview?

Thank you!

## Appendix 2

### Process of Questions - disabled women or relative to disabled woman or girl

#### General Information about the participant

Can you tell me a bit about yourself? (Age, level of education, living arrangements, etc. )

Can you tell me about an ordinary day in your life? For example; yesterday or today. What do you do? Do you go anywhere? Who do you meet?

Can you tell me about your disability? Is it something you were born with?

What are the main obstacles or barriers that you face in your community due to your disability?

#### Sexual and physical violence

Do you have any concerns, fears or anxieties because of your disability? What worries you the most?

While it is uncomfortable to talk about these kinds of things, has anyone ever pressured or forced you to do sexual things or acts that you did not want to do or that made you scared, uncomfortable, or ashamed. Has anything like that ever happened?

If Yes, Would you be able to describe the situation? Has it happened more than once? Did you know the perpetrator?

Has anyone ever used or threatened to use physical force or violence against you?



### **Considering whether to contact police**

Did you consider reporting your case to the police?

Would you please tell me about what influenced your decision to report or not to report to the police?

Which of these experiences (if any) did you decide to report to the police?

Based on your own (or other women's experiences) if you could change one way about the way the justice system deals with women's experiences of sexual violence, what would that be?

### **Before finishing**

Do you know any women or girls with disabilities that you think I should speak with?

Do you have something you would like to add before we end this interview?

Thank you!