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THE INTERSECTIONALITY OF POVERTY, DISABILITY, AND GENDER AS A FRAMEWORK TO UNDERSTAND VIOLENCE AGAINST WOMEN WITH DISABILITIES: A CASE STUDY OF SOUTH AFRICA

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ABSTRACT

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Impoverished women who have disabilities make up some of the most isolated and overlooked people in the world. Often, they are excluded from women's movements due to their disability, disability movements due to their gender, and One-Third World contexts due to their poverty. Gender, socioeconomic status, and disability create multiple layers of discrimination. These intersectional forces impact the ways in which impoverished women with disabilities experience violence, making them two to four times as prone to violence as their able-bodied counterparts. In low resource settings, women with disabilities encounter many forms of violence, including caretaker abuse, forced sterilization, and sexual violence. In South Africa, the lack of services and state-sponsored support for impoverished women with disabilities worsens their situation. In an effort to address this deficit, attention should be focused on providing and creating specialized organizations and programs to support women with disabilities who experience violence.

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DEDICATION

For my husband, Jeremy.

I couldn't have done this without your love and daily encouragement. Thank you for supporting me in all that I do and always pushing me to do my best.

ACKNOWLEDGEMENTS

I wish to thank Professor Marianne Sarkis, Ph.D. for her patience and guidance throughout this process. Thank you for being a sounding board and helping me work through my ideas.

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I am a proud disabled woman.
My body and mind may challenge me.
I have learned my own special way to meet my needs and to deal with life.
I have dreams and I have goals.
You will see I will achieve.
Give me respect as I deserve.
I will persevere for my rights.
Disabled friends, they understand.
We share fears, joys, and support.
I am female with feelings as you.
Include me. Enable me. Celebrate me.
I am a disabled woman very much alive.
Hear me. Care about me. Treasure me.

- Unnamed woman with a disability, read at UN headquarters Oct. 23, 2012[1]

1. Introduction

People with disabilities are extremely marginalized and often forced to live on the fringe of society. The dimensions of poverty and gender exacerbate this marginalization, making women with disabilities who live in poverty some of the most forgotten and isolated people in the world. In addition to their extreme marginalization, women with disabilities experience violence more often, more severely, and in unique ways compared to their non disabled counterparts. While evidence proves this to be a problem, there exists a shortage of up-to-date research and literature on the severity of the issue in the developing world.

I have been involved in the disability field since 2005 when I began working as a developmental therapist with kids with disabilities. However, it wasn't until an event during my Peace Corps service in Grenada, from 2012 to 2014, that I became passionate

[1] Jamie Hussain, "A Global Perspective on Violence Against Women with Disabilities: Evaluating the Response of Pastoral Care and Religious Organizations," *Canadian Journal of Disability Studies* 2.2 (2013) 59.

about working with women and girls with disabilities. I worked at one of the island's three Special Education Schools. Our school taught students from ages 5-20 of all different abilities. There were two teenaged girls who attended the Special Education School, both with developmental disabilities. Their mother had them when she was young so they were living with their grandmother and aunt, who both worked as prostitutes and often had men over to their home. A couple months after I learned of this situation I found out that the older sister, Sarah[2] was pregnant. She was only 16 years old. After speaking with my co-workers I learned how the girl had gotten pregnant. She had been taken into the woods by a group of men who took turns having sex with her. At the time, she was completely unaware that this was wrong and that she had been taken advantage of. Because there were multiple different partners, she did not know who the father was. Due to cultural norms, once her pregnancy became noticeable she was no longer be able to attend school, her only source of support. To make matters worse, she had not been given any information during her pregnancy about what would happen during or after childbirth, so her labor and delivery, and the realization that the State was taking custody of her baby, was a horrendously traumatizing experience. Seeing this unimaginable experience happen to someone I knew personally really affected me and opened my eyes to the experiences that many women and girls with disabilities suffer. Luckily my fellow teachers acted as her advocate, visiting her at the hospital and going to court with her to press charges against the men. But what about the other girls who did not have anyone to stand up for

[2] Name has been changed for privacy.

them? This is where my interest in the experiences of and support (or lack thereof) for women and girls with disabilities intensified.[3]

Even though terrible experiences like Sarah's are common, occurring all over the world, there is a dearth of information about the status of women with disabilities, especially in a Two-Thirds World context. There seems to be a large gap in available information and inaccurate statistics in existing information about these women. While it is not certain why this is the case, perhaps it can be explained by a lack of interest. Women with disabilities are often overlooked in many areas of study. Emmett and Alant reference Traustadottir to elaborate on this failure, "almost all research on people with disabilities has assumed the irrelevance of gender as well as other social dimensions such as social class, race, ethnicity, and sexual orientation."[4] In disabilities studies there is a lack of focus on women specifically, but in women's studies disability is forgotten as well. This dual lack of attention results in a scarcity of accurate information about women with disabilities in the Two-Thirds World. Due to this scarcity, I am writing this paper to explore the situation of and lack of resources for Two-Thirds World women with disabilities who experience violence.

In this paper I explore how poverty, disability, and gender intersect to impact the way that violence affects women with disabilities. Through a South Africa-based case study, I explore the availability of services addressing this problem, and what an appropriate

[3] Megan Humphrey, *Women, Poverty, and Disability,* 3 May 2015.
[4] Rannveig Traustadottir, *Obstacles to equality: the double discrimination of women with disabilities,* (Ontario: Disabled Women's Network, 1990).

response should be. I argue that effective programs to address violence against women with disabilities must be multi-faceted. Focus should be on individual assistance and involving the police and judicial system, while simultaneously working to change norms. I begin by discussing disability, then how disability intersects with gender and poverty, separately and together, explaining their intersection and how each dimension worsens the experience felt by the individual. Next I discuss violence, how it relates to disabled women living in the Two-Thirds World, and how it could be worsened by their gender and their disability. I present a case study, based in South Africa, through the lens of the intersectional theoretical framework discussed earlier in the paper. To conclude, I examine the case study to understand the implications of lacking programs and what a successful response would be.

In writing this paper, I carefully considered what language to use when referring to the developed and developing world, as even words like these carry such heavy meaning. The current development discourse creates a dichotomous relationship between the 'haves' and 'have-nots' in the world most frequently labeled as The West/Rest, North/South, or First World/Third World. These binaries are geographically and historically inaccurate and stem from power inequalities. While attempting to describe the differences between people across the globe, the distinction homogenizes the 'haves' and 'have-nots' into groups that are confined within borders. Chandra Mohanty uses the terms One-Third World and Two-Thirds World in place of these labels.[5] These descriptions are not based in geographic

[5] Chandra Talpade Mohanty, ""Under Western Eyes" Revisited: Feminist Solidarity Through Anticapitalist Struggles", *Signs* 28.2 (2003).

location, but on the "quality of life led by peoples and communities in both the North and the South."[6] In this sense, these terms do not create a binary between the global North and the global South, but draw attention to the overall 'quality of life' of the people living in each region. They also represent the uneven relationship between those with higher quality of life and those living in poverty, being the One-Third and Two-Thirds of the world's population, respectively. By doing this, I am able to include impoverished women both in developed and developing countries. Throughout this paper, One-Third World and Two-Thirds World will be the terms used to describe this distinction, sometimes in conjunction with developed and developing world.

For the purposes of this paper I am specifically looking at disabled women in the Two-Thirds World who experience violence. While this is not meant to discount the experiences of people with disabilities in the One-Third World or disabled men in the Two-Thirds World, Two-Thirds World women experience and live with disability differently, often facing unique and more severe forms of violence. Going forward, when I use the term 'women with disabilities', I will be referring specifically to women with disabilities that are part of the Two-Thirds World.

2. Background

2.1. *Conceptualizing disability*

Disability can be conceptualized in a variety of ways, each of which determines how programs or countries respond to disabled people. There are two commonly known

[6] Ibid., 506.

models of disability, the medical model and the social model.[7] The medical model conceptualizes disability solely as a medical issue, which can be dealt with through health care. Within this model, disability is addressed by greater access to health care and rehabilitative services, which aim to 'fix' the disability to allow one to integrate into society.[8] The social model, which is now the model widely used, views disability in the context of a human rights issue and notes that disability only becomes a barrier negative responses of society. In this model, disability functions as a social construct; it is not the impairment which makes someone disabled, but society's response to that impairment which does not allow for that person's full participation in society. Emmett and Alant define disability within this model as, "a complex system of social restrictions imposed on people with impairments by a highly discriminatory society'.[9] They continue to describe how disability works as an issue much larger than impairment,

> Disability, therefore, is a concept distinct from any particular medical condition. It is a social construct that varies across culture through time, in the same way as, for example, gender, class, or caste… In this sense, disability as a policy issue becomes a cross-cutting social one, rather than something primarily associated with health and individual well being.[10]

Here, disability becomes a social issue, not medical. Providing medical services and rehabilitation is still important within the social model, but are expanded to focus on the social construction of disablement. In developed countries being short-sighted would be

[7] Abu-Habib, 11.
[8] World Health Organization (WHO), *International Classification of Functioning, Disability and Health,* (Geneva: WHO, 2001).
[9] Tony Emmett and Erna Alant, "Women and Disability: Exploring the Interface of Multiple Disadvantage," *Development Southern Africa* 23.4 (2006): 446.
[10] Ibid.

considered an impairment, but would not lead to exclusion if there was access to glasses and an eye doctor. In less developed countries, this same impairment could lead to social exclusion, which then transforms the impairment into a disability.[11] In this model, addressing disability goes beyond 'fixing' the impairment, and extends to creating a supportive environment in which that person can participate.

Since the 1980's, the main focus on disability and disability studies has occurred from what scholar Mark Priestly refers to as a 'minority worldview' when, in fact, most disabled people[12] live in the 'majority world.'[13] In effect, disability issues have been framed according to this minority worldview which has vastly different issues than the majority worldview. While disabled people in the developed world fight for their right to things such as equal employment and equal pay, people in parts of the developing world fight for more basic rights like their right to live and be seen as an individual. Priestly describes these differences,

> The issues facing disabled people in rich technological countries, with highly developed welfare provision, are indeed different from those in the majority world. In a global context, most disabled people encounter both disabling barriers *and* barriers to scarce resources. Access to resources is highly gendered, and the life experiences of disabled women require specific attention.[14]

In the majority world context, poverty and gender increase the barriers that people with

[11] Rebecca Yeo, *Chronic Poverty and Disability*, Background Paper, Vol. 4, (Frome: Chronic Poverty Research Centre, 2001) 2.
[12] The United Nations estimates that 80% of the world's disabled population lives in the global South.
[13] Mark Priestley, *Disability and the Life Course: Global Perspectives,* (Cambridge: Cambridge UP, 2001).
[14] Priestly, 4.

disabilities face. These barriers greatly impact the experience of the disabled and create unique issues.

In this paper I use the social model definition of disability. Not only is this the most widely accepted understanding of disability, but it allows me to include dimensions of poverty and gender that work together to socially construct the marginalization of people with disabilities.

2.2 The relationship between disability and poverty

In poverty, disability functions in dangerous ways. Fourteen percent of the world's population lives with a disability (over 1 billion).[15] The Disability Rights Fund states that 80% of this number live in developing countries and make up 20% of the poorest of the poor who live on less than $1 per day.[16] Poverty and disability have a mutually destructive relationship; disability causes poverty and poverty causes disability. Having a disability makes one much more likely to fall into poverty, or to worsen existing poverty. Having a disability often requires extra medical attention or assistive devices, both of which add a heavy burden on the household income. Figure 1 illustrates how this cycle, beginning with disability, works to cause or worsen poverty, which then increases exclusion. Furthermore, while not always the case for those living in the One-Thirds World, people of the Two-Thirds World are often unable to work, either due to lack of opportunity, social stigma, or difficulty of mobility. As a result, a household living above the poverty line is at a

[15] World Health Organization and the World Bank, *World Report on Disability,* (Geneva: WHO, 2011).
[16] Disability Rights Fund, *One In Seven: How One Billion People are Redefining the Global Movement for Human Rights,* (Boston: DRF, 2013) 10.

significantly higher risk of entering into poverty, and a household living in poverty is at a significantly higher risk of worsening their existing poverty after someone in the household becomes disabled.[17] Once this happens, households are highly unlikely to be able to pull themselves out of poverty.

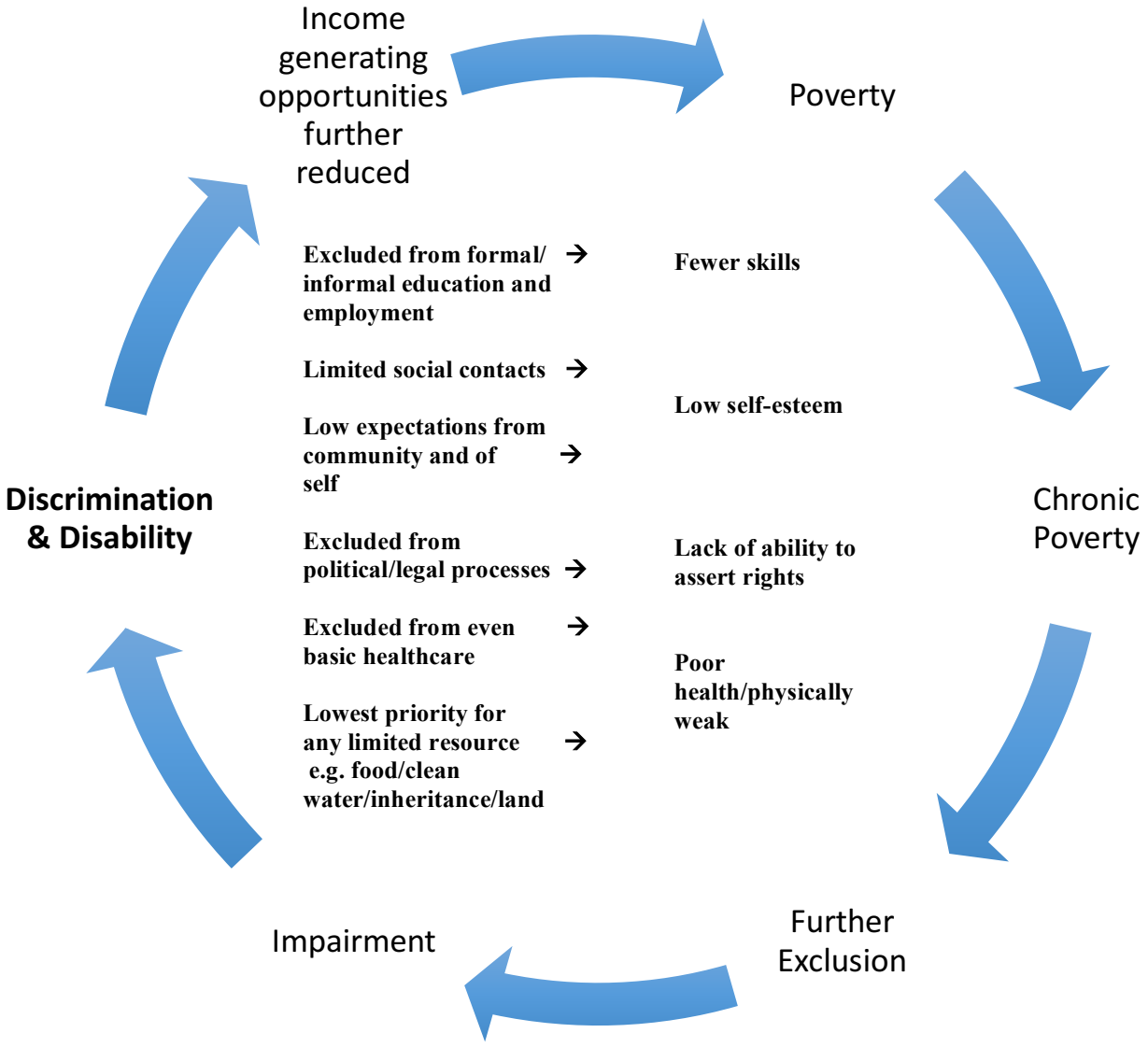

Figure 1 Disability/Chronic Poverty Cycle[18]

[17] Priestly.
[18] Adapted from Yeo, *Chronic,* 11.

Additionally, the experience of poverty makes it difficult to meet basic needs, which unmet can lead to disability. Figure 2 shows how poverty can lead to exclusion, creating a higher risk of illness and impairment, which then causes disability. Many poverty-related disabilities are easily preventable, such as blindness caused by Vitamin A deficiency, developmental delays from malnutrition, and brain damage due to iodine deficiencies.[19] In 1999, approximately 100 million people worldwide had poverty-related disabilities from preventable conditions like malnutrition and poor sanitation.[20] Preventing these conditions is neither difficult nor expensive, but it requires proper nourishment, access to medical care, and sanitary conditions, which many people living in poverty do not have.

Households living in poverty often require an 'all hands on deck' scenario and depend on contributions from every family member. When a household member becomes disabled, they are less able to absorb the shock, often times falling farther into poverty and become less likely to recover.

When poverty and disability come together it becomes difficult to fully participate in society, both socially and economically. Priestly explains this social exclusion, "As the most vulnerable and least vocal members of any society, poor disabled people are often not even perceived."[21] Their invisibility worsens their situation, as they are unable to access

[19] Parnes et al., 1173.
[20] Helen Lee, *Discussion Paper for Oxfam: Disability as a Development Issue and how to integrate a Disability Perspective into the SCO,* (Oxford: Oxfam, 1999).
[21] Priestly, 29.

resources and assistance. This also takes away their agency and ability to assert themselves and their rights.

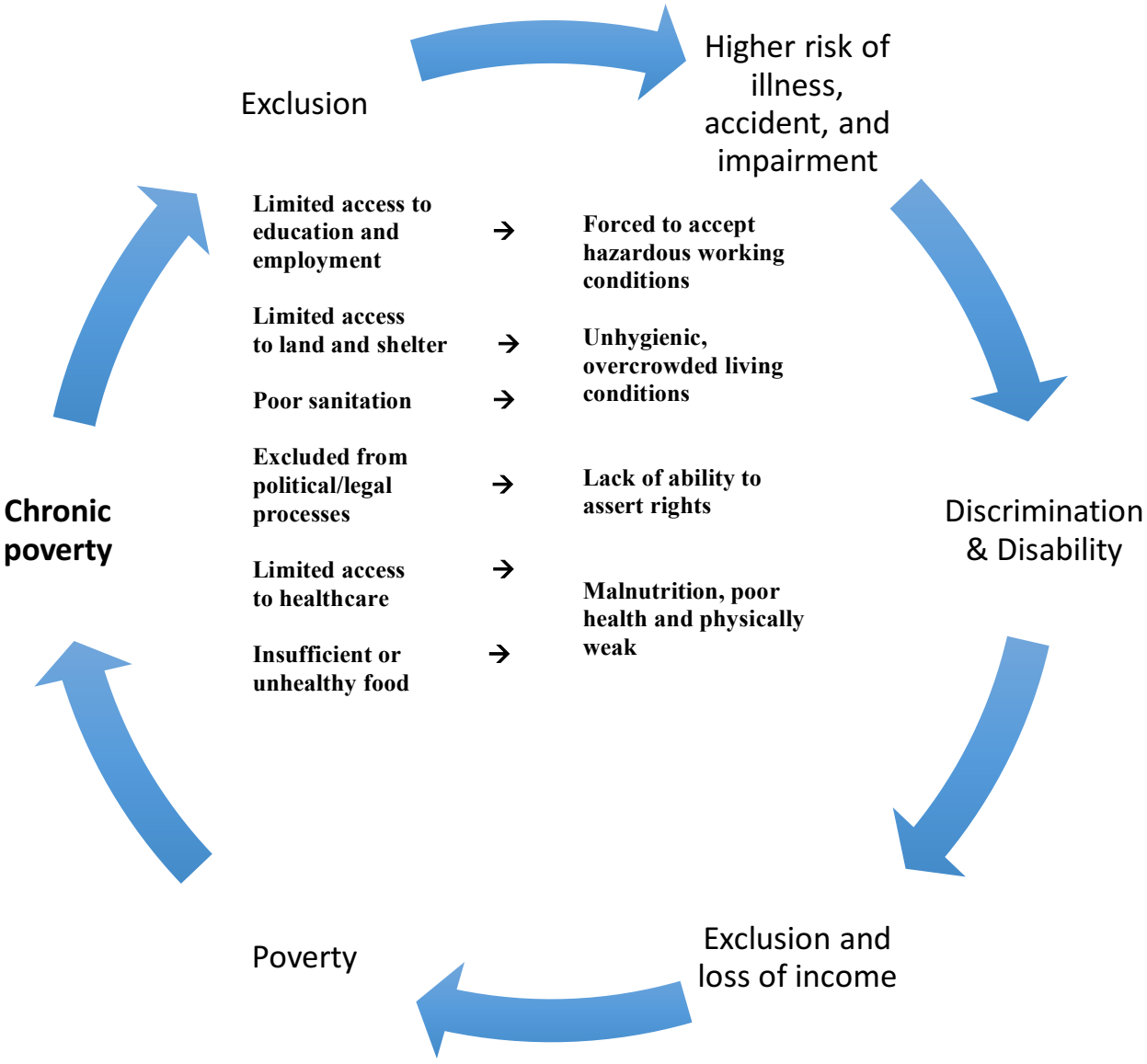

Figure 2 Chronic Poverty/Disability Cycle[22]

[22] Adapted from Yeo, *Chronic,* 13.

2.3 Links between gender and poverty

In poverty, women are often affected more drastically, feel a heavier burden and their "survival becomes precarious."[23] This occurrence has been come to be known as the 'feminization of poverty',[24] a coin termed by Diana Pearce in 1978.[25] While this term has been criticized, it draws attention to the fact that women experience poverty differently, often more harshly than men, and are affected by gendered relationships. Kabeer and Sweetman explain the experience of women in poverty, "poverty for women can mean violence and abuse within marriage and the family, heightened hunger due to norms of women eating last, and other gendered forms of suffering."[26] The prioritization of men and boys when resources are scarce presents numerous problems for women and girls. Poor health becomes a result of lack of food and medical care, being overworked, and experiencing too many pregnancies without space in between.[27] These conditions increase the likelihood of becoming disabled or giving birth to a child with a disability which can be, as Priestly calls it, "the last straw to the camel's back."[28] In a volatile situation like poverty, disability becomes the tipping point that prevents a household from being able to recover.

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[23] Priestly, 29.
[24] United Nations Development Fund for Women (UNIFEM), *Progress of the World's Women: Women, Work, and Poverty,* (New York: UNIFEM, 2005), 37.
[25] Diane Pearce, "The Feminization of Poverty: Women, Work and Welfare", *The Urban & Social Change Review 11.1,* (1978).
[26] Naila Kabeer and Caroline Sweetman, "Introduction: Gender and Inequalities", *Gender and Development 23.3,* (2015): 187.
[27] Priestly, 29.
[28] Ibid., 30.

2.4 Connecting disability and gender

Working together, gender and disability create an extreme form of marginalization. The intersection of gender and disability create multiple layers of discrimination for women. Where some might object to differentiating between men and women with disabilities, saying that disability affects them equally, Abu-Habib disagrees arguing, "the way in which disability is experienced is profoundly affected and determined by gender."[29] Not only is disability affected by gender, but it has an impact on gendered relations. Here Abu-Habib explains, "In fact, disability should be understood as actually reinforcing inequalities between men and women."[30] Disability often adds to and worsens discrimination against women and negatively impacts their gender roles, furthering their perceived weakness and helplessness.

In an article on violence against disabled women in Nepal, Dhungana addresses the effects of this, "From the very beginning the qualities of shame, fear, passivity, and dependence on others are instilled in disabled girls and women."[31] Associated shame surrounding disability worsens a woman's status and leads to a higher rate of discrimination. Abu-Habib discusses by saying,

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[29] Lina Abu-Habib, *Gender and Disability: Women's Experiences in the Middle East*, (Oxford: Oxfam, 1997) 21.
[30] Ibid.
[31] Bishnu Maya Dhungana, "The Lives of Disabled Women in Nepal: Vulnerability without Support," *Disability & Society* 21.2 (2006): 135.

> …discrimination starts at home, in the early years of the life of a disabled woman. This discrimination brings with it a reluctance on the part of families, or rather decision makers within the families, to make tangible and intangible resources available to disabled women, thus further undermining their life changes…their social isolation as women is deepened by their disabled status.[32]

Gender-biased norms, such as the acceptance of disabled men being able to marry, but not disabled women, creates stigma within the home. Notions of discrimination are felt throughout all realms of life, but their birth in the home creates a severe form of social isolation.

To be a fully participating member of society one must be able to fulfill their gender roles by being "'appropriately' masculine or feminine."[33] Culturally ascribed roles denote men as "strong, assertive and independent,"[34] as the bread winners, and economic contributors to the household. Women, on the other hand, are expected to be "weak, passive and dependent"[35] and have a more symbolic role, representing the wealth and honor of the family through their "health and beauty."[36] Due to the social construction of both gender and disability, one may choose to rely on one identity more to improve their social standing. For men, choosing to identify more with their gender allows them to be perceived as dominant and powerful instead of powerless. For women, both identities for women are perceived as weak and inferior. Begum quotes Fine and Asch to describe the differences between self-identification for disabled men and women,

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[32] Abu-Habib, *Gender,* 22.
[33] Thomas J. Gerschick, "Toward a Theory of Disability and Gender," *Signs: Journal of Women in Culture and Society* 25.4 (2000): 1264.
[34] Nasa Begum, "Disabled Women and the Feminist Agenda," *Feminist Review* 40 (1992): 72.
[35] Ibid.
[36] Abu-Habib, *Gender,* 54.

> Disabled women are not only more likely to internalize society's rejection, but they are more likely than disabled men to identify themselves as 'disabled'. The disabled male possesses a relatively positive self-image and is more likely to identify as 'male' rather than as 'disabled'. The disabled woman appears to be more likely to introject society's rejection and to identify as disabled.[37]

The label of disability also affects more practical gender roles. While a disability might not prevent a man from supporting the family, it very frequently interferes with a woman's symbolic role. The Disabled Children Action Group reports that 98% of mothers and children who live in rural areas of South Africa are unemployed[38] while, population-wide, women with disabilities are employed at rates 4% lower than their male counterparts.[39] For women and girls, the effects that disabilities have on health and beauty lower their status and often devalue their families, both in wealth and social standing. In cultures with dowries and bride prices, having a daughter with a disability can lower the bride price and dowries for other daughters in the family.[40] In the context of the Middle East, an Egyptian woman, Hibas Hagrass, describes the role of disability in ascribing to cultural gender roles,

> You have to realize that men and women are judged using completely different criteria. A man should be strong, able to earn money and provide for his family. Many disabled men, regardless of the type of their disability, can fit this description. A woman is judged according to a completely different scale. She need not be clever. In fact, this may be a liability. She should be beautiful and attractive, a good housekeeper able to comply with the demands of her husband, particularly physical ones. A disabled woman cannot be beautiful, not when judged according to our scale of beauty in any case. And a disabled woman cannot certainly be sexually attractive! Is there anything left on the list of requirements after that?[41]

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[37] Begum, 73.
[38] Republic of South Africa, *Integrated national disability strategy,* White Paper, (Pretoria: Office of the Deputy President, 1997).
[39] Emmett and Alant, 456.
[40] Abu-Habib, *Gender,* 17-18.
[41] Ibid.

Here, Hagrass illustrates how disability prevents women from meeting any of the criteria that women are judged on, making disabled women frequently unable to fulfill their expected gender roles. The inability to fit expected gender norms creates many problems for disabled women and affects their role within the household, community, and society.

While women experience their disability differently than that of men, they are often overlooked and left out by women's organizations, feminist movements, scholars, and the international community.[42] A Canadian film-maker, Bonnie Sherr, explains how she felt "abandoned by feminism" after becoming disabled from a stroke, "There is clearly a conflict between feminism's rhetoric of inclusion and failure to include disability."[43] In movements that are supposed to include and represent all types of women in "the fight for women's liberation,"[44] many disabled women feel neglected,

> The popular view of women with disabilities has been one mixed with repugnance. Perceiving disabled women as childlike, helpless, and victimized, non-disabled feminists have severed them from the sisterhood in an effort to advance more powerful, competent and appealing female icons.[45]

Left out of a seemingly inclusive movement, the voices of women with disabilities have very few spaces to be heard.

Statistics detailing the prevalence of women with disabilities are often inaccurate, outdated, hard to come by and based in the developed world. The number of women with

[42] Traustadottir, 1990.
[43] Abu-Habib, *Gender,* 1.
[44] Begum, 73.
[45] Ibid.

disabilities seems vastly underrepresented, possibly for a couple different reasons. The stigma and shame surrounding disability causes women with disabilities to be hidden and thus, unaccounted for in surveys and censuses. On the other hand, the numbers are truly lower because of sex-based infanticide, selective abortion, and violence against women with disabilities.[46] This is referred to by Amartya Sen as the 'missing women' phenomena, where uneven male to female ratios show that 100 million women worldwide are missing. Sen poses that these missing women are due to gender inequalities that prioritize males and neglect "female health and nutrition, especially – but not exclusively – during childhood."[47] Either one or both of these causes can explain the surprising discrepancy in information. No matter the reason, it is still problematic. The lack of developing world-focused statistics that are detailed, accurate, and current makes it more difficult to understand the true scope of the problem and the specific experiences of women with disabilities who live in poverty.

3. The Intersectionality of Poverty, Disability, and Gender

When experienced together, the dimensions of poverty, disability, and gender create several different layers of discrimination that compound each other. The effects of these multiple layers of discrimination is shown through an example of a set of twins, brother and sister, who grew up in Nepal with a congenital disability. The sister, Anjana, expressed how her gender, disability, and impoverishment made an impact on how her father allocated the family's scarce resources,

[46] Emmett and Alant, 454.
[47] Amartya Kumar Sen, *Development as Freedom, (*Oxford: Oxford University Press, 1999) 106.

> My brother Raju is about to finish his Bachelor Degree but I have never been to school. The school my brother went was far from our house so my parents, mostly mother, carried him to school every day until he was brought to Kathmandu. My parents were so concerned about his education but never bothered sending me to school.[48]

In Anjana's case each of these factors prevented her schooling and education.

The United Nations defines violence against women as, "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."[49] In the case of women with disabilities, the Office of the United Nations High Commissioner for Human Rights (OHCHR) expands this definition into "violence accomplished by physical force, legal compulsion, economic coercion, intimidation, psychological manipulation, deception, and misinformation, and in which absence of free and informed consent is a key analytical component."[50] This expanded definition incorporates many non-conventional and non-physical acts of violence, showing how far-reaching and diverse violence against women with disabilities can be.

Women with disabilities experience violence at rates much higher than their non-disabled counterparts. The Department for International Development (DFID) report rates 2 to 3 times higher,[51] while the European Parliament reports that women with disabilities

[48] Dhungana, 141.
[49] United Nations General Assembly, *Thematic Study on the Issue of Violence against Women and Girls and Disability,* United Nations High Commissioner for Human Rights, 2012, 3.
[50] Ibid.
[51] DFID, *Disability, poverty and development,* 2000, London.

are four times as likely to experience sexual violence.[52] In situations of poverty, these numbers can be even higher. For example, 100% of surveyed women and girls with disabilities in India reported experiencing violence in the home.[53]

3.1 Vulnerabilities and risk factors to violence

Myths, social stigma, and misinformation surrounding disability and gender contribute to violence. Naidu et al. reference a study conducted by Sobsey which defines the five myths around disability that increase a disabled person's vulnerability to violence:

1. ***Dehumanization*** – people with disabilities are considered less human and inferior to the rest of society. The perpetrator and indeed society as a whole many, therefore, not see the abuse as a crime of the same magnitude as compared with a victim who is not disabled.
2. ***Damaged Merchandise*** – a disabled person is considered defective, whose life has less value and may not be considered worth living. Arguments for euthanasia and medical experiments have drawn on this myth.
3. ***Feeling no pain***- many women with disabilities, especially developmental disabilities, are considered incapable of experiencing emotional or physical pain or pleasure. This argument is the basis for forced abortions and sterilization.
4. ***Disabled menace –*** people with disabilities are viewed as dangerous social threats. Perpetrators of violence rationalize their behavior by blaming the victim for provoking the attach.
5. ***Helplessness –*** people, and especially women, with disabilities are often considered vulnerable, helpless, naïve and, hence, easy prey.[54]

For women with disabilities, 'dehumanization,' 'damaged merchandise,' and 'helplessness' are especially harmful.

[52] United Nations General Assembly, 7.
[53] Parnes et al., 1174.
[54] Ereshnee Naidu et al., *On the Margins: Violence Against Women with Disabilities*, Rep, (Center for the Study of Violence and Reconciliation, 2005), 3.5.2.

In addition to the myths surrounding disability, Andrews, Veronen, and Anello, cited by Naidu et al., have listed a number of factors which increase a woman's vulnerability:

- Poverty;
- Negative public attitudes towards and fears about disability;
- Women with disabilities are generally not believed when reporting or disclosing abuse;
- Social isolation and increased risk of manipulation;
- Lack of support for caregivers;
- Limited or no education about appropriate and inappropriate sexuality;
- Physical helplessness and vulnerability in public places;
- Lack of safe, affordable, and reliable alternatives in terms of shelter, services and care;
- Lack of access to information about protective legislation and options for redress in the case of abuse;
- Denial of human rights, resulting in perceptions of powerlessness, internalized oppressive beliefs and socialization to be compliant;
- Fear of losing their children;
- Fear of being ostracized from their community/family;
- Distrust and lack of confidence in the police;
- High dependency on others, often the perpetrator/s of the abuse, for care and basic survival; and
- Perpetrators' perceptions that there is less likelihood of their behavior being exposed.[55]

Each of these, individually, acts as a risk factor for violence, but more often they work together, and with myths about disability, to create extreme levels of risk that makes the experience of violence almost inevitable.

3. 2 Manifestations of violence

Not only do women with disabilities experience violence more often, but also in unique ways. They also experience violence more frequently than their male peers and are

[55] Ibid., 3.5.2.

less likely to escape cycles of violence.[56] Violence from caretakers, inability to report their violence, and lack of resources all indicate these unique instances and make them more prone to sexual violence. This violence is so unique that a specific term has been created to refer to abuse that is experienced by people with disabilities, 'disability-related abuse'.[57] In this section, a number of different examples of violence against women will be presented. While not all are examples of conventional understandings of violence, they draw on the OHCHR's definition and 'disability-related abuse' to show the purposeful harm directed towards women with disabilities.

3.2.1 Sexual violence

The belief that people with disabilities are asexual creates many problems. First, this notion creates an absence of sex education and reproductive healthcare for people with disabilities. The absence of this important education and healthcare creates a gap in knowledge and agency about healthy, appropriate, and consensual sexual encounters. Thus, in sexual situations, women are often unfamiliar how to negotiate those situations and might not know the difference between right and wrong or consensual and non consensual. In addition, myths of 'helplessness' and 'dehumanization'[58] about disability cause perpetrators of sexual violence to believe that women with disabilities are easy targets because they will be physically unable to report violence or won't be believed if they do. In many countries the act of virgin cleansing exists, where it is believed that having sex

[56] United Nations General Assembly, 6.
[57] Naidu et al., 3.5.1.
[58] Ibid., 3.5.2.

with a virgin will cure one of HIV/AIDS or other STIs.[59] Here, the view of women with disabilities as asexual leads perpetrators to regard all women with disabilities as virgins. Unfortunately, the act of virgin cleansing not only creates a problem of rape and coerced sex, but also results in the spread of HIV/AIDS and other STIs.[60] Once diseases are contracted, it is difficult for women to receive testing or treatment, as they are not incorporated into sexual health programs.

3.2.2 *Caretaker abuse*

People with disabilities, especially the physically disabled, hard of hearing, and vision impaired, frequently rely on close family and friends as their caretakers, interpreters, and links to the outside world. Dependence on caretakers creates a unique risk factor for abuse which is then compounded by their vulnerability and isolation. In these "isolated, one-to-one situations" the "carer is the perpetrator and many have a huge amount of power over the woman they are caring for."[61] Abuse by caretakers includes an array of different tactics, is often creative and manipulative, and can be physical, emotional, sexual or economic. Some types of abuse include, but are not limited to, removal of assistive devices to restrict mobility or communication, over-administering or withdrawing drugs, threatening to leave without providing her with assistance, taking her kids away, purposefully failing to change soiled or wet clothing or sheets, misusing or stealing her

[59] United Nations General Assembly, 9.
[60] Ibid.
[61] Hussain, 62.

disability grant money, and denying her food. Two South African women with disabilities share their stories of abuse by their caretaker,

A 39 year-old woman who was blinded by her abusive husband,

> "…what my husband did that day he took the thorns [from the cactus fruit] and spread them on the sheets. I said my prayers and opened up the duvet…and I had to sleep in all of this. There were so many thorns in my flesh."
>
> "…a friend of mine discovered that I was cooking…the maize meal with worms in it. My husband [would pretend] …as if he had finished his porridge [I had cooked]. Meanwhile, he would throw it in the bin without me knowing…take the bread…It means that I was eating the worms."

A 29 year-old woman with a physical disability,

> "And I would realize that he did take the wheel chair because he doesn't want me to go [out]. I'd stay on the bed until he comes back…he just wanted to punish me to stay in the house."
>
> "…when he was punching me, he twisted [my hand]. I didn't know how to push my wheelchair [for nine months]. I'd use one hand because my hand was sore, even now it's sore."[62]

These women, one who is blind and another who is reliant on a wheelchair, depend on their husbands as their caretakers. But, they frequently abuse their power. In this relationship of dependence, reporting abuse and asking for help is problematic and could worsen abuse.

The higher levels of morbidity rates late in life that women have compared to men of the same age increase the risk of caretaker abuse as they become more dependent on

[62] Naidu et al., 3.5.1.

someone for care. Their longer life expectancy rates result in a higher tendency to develop age-related disabilities, which exacerbates their vulnerability to violence.[63]

3.2.3 *Mercy killings and infanticide*

Not only are elderly women more vulnerable, but girl children as well. Girl children experience more violence in terms of mercy killings and infanticide than their male counterparts. Here, the "prejudice attached to disability is compounded by gender discrimination"[64] and disabled infants or girl children are more likely to be die by mercy killings or infanticide than disabled male infants or boys. Drawing on Sobsey's notion of 'damaged merchandise',[65] cultural beliefs that the child is bad luck or evil who will bring misfortune to the family or that the child might be better off dead than having to suffer influence these choices. Some cultures believe that women with disabilities suffer from curses and will pass their disability, or curse, on to their child, bringing more bad luck to the family.[66] Groce defines mercy killings as when, "a parent or caretaker justifies withholding basic life sustaining supports (usually food, water and/or medication) or actively takes the child's life through suffocation, strangulation or some other means, with the intention of "ending suffering."[67] Girl children with disabilities also receive less medical care than disabled boys with similar disabilities. For example, a study conducted in Nepal found that boys affected by polio survived twice as often as girls with polio, even

[63] United Nations General Assembly, 7.
[64] Ibid., 8.
[65] Naidu et al., 3.5.2.
[66] Cynthy Haihambo and Elizabeth Lightfoot, "Cultural Beliefs regarding People with Disabilities in Namibia: Implications for the Inclusion of People with Disabilities," *International Journal of Special Education* 25.3 (2010).
[67] Nora Groce, *Violence against Disabled Children* Rep., (New York: UN Secretary General, 2005), 6.

though the disease affected boys and girls equally.[68] When a family has limited resources, the family's decision to provide medical treatment is impacted by the child's gender. Most often, these limited resources are directed to caring for boys' health since they are valued more and seen as an investment.

3.2.4 Human trafficking

Human trafficking presents another avenue for violence against women with disabilities. Viewed as easy targets, deaf women and girls are targeted by brothel owners due to their perceived inability to report their situations to police, clients, or other avenues of help. They are also targeted by "organized begging rings" throughout a number of countries. In this scenario, girls and women are forced to beg on the streets, using their disability as a way to generate sympathy and thus more money, while being watched constantly by a an overseer.[69] In some extreme cases, young girls are purposefully disfigured by traffickers to increase the amount of money they receive while begging. A report from India found that some children had bleach injected into their joints to cause infection, and eventually amputation.[70] While trafficking does not target girls and women specifically, they become more vulnerable due to their perceived lack of value in the household. Parents and family members sell them to provide household income or 'give them away' to reduce the burden on the household.

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[68] Groce, *Violence,* 8.
[69] Sallie Yea, "Human Trafficking – A Geographical Perspective," *Geodate* 23.3 (2010) 6.
[70] Ibid.

3.2.5 *Conflict and natural disasters*

Already marginalized and vulnerable, women with disabilities become even more so in situations of conflict and natural disasters. These situations can worsen the status of women with disabilities or can cause women to become disabled directly due to conflict and natural disasters. Stephanie Ortoleva explains the relationship between conflict and disability,

> …conflict situations cause more disability among women directly with injury through landmines, bombs, combat, and other factors incident to conflict. Furthermore, a recent innovative and rigorous analysis of the impact of armed conflict on female life expectancy – relative to that of males – found that over the entire conflict period, interstate and civil wars, on average, affect women more adversely than men.[71]

Not only do women increasingly become disabled and see shorter life expectancy rates, but they become even more susceptible to "violence, exploitation and sexual abuse".[72] In these situations, women and girls who are disabled are often forced to leave their homes and flee quickly, leaving behind assistive devices, wheelchairs, medication, and prosthetics. In addition, pre-existing sources of support such as family members and community members are left behind, forcing them to "become further marginalized and excluded on the basis of their disability in the aftermath."[73] In some cases, women that require mobility assistance become extremely vulnerable. An incident in Lebanon, reported by the Lebanese Sitting

[71] Stephanie Ortoleva, "Women with Disabilities: The Forgotten Peace Builders," *Loyola of Los Angeles International and Comparative Law Review* 83, (2010) 93.
[72] Ibid, 94.
[73] Ibid.

Handicapped Association (LHSA), during a time of conflict in 1993 displayed this vulnerability,

> On entering the half-destroyed house, LHSA volunteers discovered the girl inside, injured and in a pitiful state. An investigation revealed that when the family fled the village, her father refused to take her, leaving her under fire and perhaps hoping that she would be killed, and this would be 'God's wish'. He also told LHSA volunteers that he had preferred to save their cow because she is more useful to them than their disabled daughter. When LHSA wanted to take the girl to a nearby hospital for her wound to be treated, her father categorically refused. 'What for?' he asked, 'So that I start paying for her?'

Outside of their communities, women with disabilities face continued difficulties within refugee camps or internal displacement camps. In this setting, locations of water sources, latrines, and showers are typically placed far from women's shelters increasing the risk for physical and sexual abuse.[74]

3.2.6 *Forced sterilization*

In some scenarios, women with disabilities become more vulnerable to forced or coerced sterilization and abortion due to their perceived inability to communicate and understand the implications of these procedures. Neglected in the provision of sexual health and seldom given options for different methods of contraceptives, women with disabilities are given no control over their bodies and reproductive health services. As a result, women with disabilities are often coerced and forced into sterilization and abortions by caretakers, guardians, or spouses. Forced sterilization is performed on young girls and

[74] Eunice Owiny and Yusrah Nagujja, "Caught between a Rock and a Hard Place: Challenges of Refugees with Disabilities and Their Families in Uganda," *Crises, Conflict and Disability: Ensuring Equality*, By David Mitchell and Valerie Karr, New York: Routledge, 2014.

women with disabilities around the world for a number of reasons including "eugenics-based practices of population control, menstrual management and personal care, and pregnancy prevention (including pregnancy that results from sexual abuse)."[75] Girls as young as 7 or 8 have reportedly been sterilized, through hysterectomy, so as not to add extra demands on the caretaker.[76] Caretakers, guardians, and spouses make these decisions, often without consulting or considering the affected woman's preferences. By doing so, women with disabilities are given no opportunities to make decisions in their own lives.

3.2.7 *Barriers to reporting violence*

Many women with disabilities are unable to report violence due to communication barriers, lack of knowledge about their rights, their location in rural areas, fear of reprisal, and the source of violence. For the women that are able, reporting violence and seeking legal action proves problematic for a number of complicated reasons. Naidu et al. cite a 2001 study conducted by Saxton et al. that describes the links between discrimination and women's difficult to seek justice,

> Research participants pointed to the important links between how a society that devalues and discriminates against both disabled people and women, then fosters abuse and neglect of disabled people (and women with disabilities in particular); and the failure of society and its institutions to offer adequate support to abused women with disabilities.[77]

[75] *Sterilization of Women and Girls with Disabilities*, Briefing Paper, (Human Rights Watch, 2011).
[76] Groce, *Violence*, 19.
[77] Naidu et al., 3.6.

Stigmatization poses perhaps the most cross-cutting issue, creating doubt and bias from police forces, making them unwilling to investigate reports and file criminal complaints, and a lack of follow through after incidents have been reported. In the legal system, stigma creates doubt that women will be incompetent witnesses, preventing cases from going to trial. Additionally, many forms of violence experienced by women with disabilities are not criminalized.[78] These factors make it extremely difficult for women to report violence and seek justice, leaving them without options and unable to escape situations of violence.

4. Case Study of South Africa

In this next section I present a case study based in South Africa. This case study briefly introduces the current situation for women with disabilities and, through looking at a real-life example, explores how the South African context impacted her life. While this case study focuses on South Africa, it draws parallels between many Two-Thirds World contexts and can be applied to a number of different scenarios.

4.1 *Background*

South Africa has some of the highest rates of gender-based violence in the world. These rates have garnered international attention as an urgent human rights violation. A national study concluded that in South Africa a woman is killed every six hours by an intimate partner.[79] In 1999, 8.8 of every 100,000 females out of the entire population over

[78] United Nations General Assembly, 13.

[79] Shanaaz Matthews, Shanaaz, Naeemah Abrahams, Lorna J. Martin, Lisa Vetten, Lize van der Merwe, and Rachel Jewkes. *"Every six hours a woman is killed by her intimate partner": A National Study of Female Homicide in South Africa.* MRC Policy Brief no. 5, 2004.

14 died due to intimate femicide (men killing their female partners).[80] This was the highest rate to ever be reported from any research conducted around the world.[81] In 2013, 50% of surveyed women reported being verbally and emotionally abused.[82] A 2002 study done on black South African women found that over 97% of those surveyed had experienced violence at some point in their life.[83] These numbers are alarmingly high and do not account for women with disabilities. After understanding that women with disabilities experience violence in unique ways and more often than non-disabled women, these rates become even more concerning.

In relation to many developing countries, South Africa has been one of the pioneers in the disability rights movement, which gained international traction with the designation of 1981 as the International Year of the Disabled Person (IYDP). Although the South African government did not recognize the IYDP, people with disabilities around the country came together to form different self-help groups. By 1984 these self-help groups had come together to create a national organization, Disabled People South Africa (DPSA), that served as a coalition for these groups and as a way to connect people with disabilities.[84] DPSA served as the driving force behind the disability rights movement in South Africa. From working as the sole disability related entity under an apartheid government that didn't recognize the IYDP to working with a post-apartheid government

[80] Ibid.
[81] Ibid.
[82] Naidu et al., 1.
[83] Rachel Jewkes, Jonathan Levin, and Penn-Kekana Loveday, "Risk factors for Domestic violence: findings from a South African cross-sectional study," Social Science & Medicine *55 (2002).*
[84] Kathryn Jagoe, "The Disability Rights Movement: Its Development in South Africa", *Independent Living Institute*, Disabled People South Africa.

to promote the rights of people with disabilities, the DPSA was extremely active in the movement. The end of apartheid in 1994 signaled the creation of a new government, parliament, and constitution, which created the space for South Africa to become one of the lead developing countries in the disability movement. The protection of people with disabilities and the inclusion of disability rights were written into the new constitution and seats in parliament and government offices were held for people with disabilities. In 1997 the Government developed an Integrated National Disability Strategy (INDS) which

> …offers a progressive policy framework, and set of guidelines, to inform the development of government policies, strategies, plans and programmes to address the social, economic and political inequities that marginalize people with disabilities.[85]

A majority of the limited research that focuses on women with disabilities in the developing world is based in South Africa, providing a clearer picture of the South African context and a better understanding of the status of women with disabilities in other parts of the developing world. These achievements have become celebrated throughout the disability rights community, with authors such as Rebecca Yeo, stating that, "South Africa has developed a high profile, crosscutting approach to disability issues."[86] Although the disability movement has made great strides in South Africa that are, "unprecedented in the disability rights struggle throughout the world,"[87] the country still faces a number of challenges in how to "affect internal changes" and to effectively implement progressive

[85] Naidu et al., 3.2.1.
[86] Yeo, *Chronic,* 20.
[87] Colleen Howell, Schuaib Chalklen and Thomas Alberts, "A history of the disability rights movement in South Africa," *A South African Agenda*. Ed. Brian Watermeyer, Leslie Swartz, Theresa Lorenzo, Marguerite Schneider, and Mark Priestly, (Cape Town: HSRC, 2006): 78.

policies that will "lead to fundamental changes" in the all of the lives of the many people with disabilities throughout the country.[88]

4.2 *Lungiswa's story*

In a country with such high rates of gender-based violence that pioneered the disability rights movement in the developing world, it seems that there would be many organizations addressing gender-based violence against disabled women. However, available information presents a different picture. After extensive research, only one organization seemed to work almost exclusively with women with disabilities who experience violence. Ikhaya Loxolo or Home of Peace, provides shelters for people with disabilities, with a majority of its residents being women or girls. Created initially as a refuge for both men and women with disabilities by German expatriates, this organization ended up serving mostly women and girls who were fleeing violent situations.[89]

One 22-year-old woman, Lungiswa Xangase and her five-year-old daughter, Lulama have been living in the home for three years. Lungiswa was born to an alcoholic mother who abused and neglected her. Although she never received a diagnosis, she is believed to have a mental disability caused from fetal alcohol syndrome. Hospital employees brought her to Ikhaya Loxolo after they found her abused and burnt from cooking on the fire at home without being taught how. While cooking, her clothes caught on fire and burned many parts of her body, adding to the numerous scars she already had.[90]

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[88] Ibid., 79.
[89] Darren Taylor, "Mentally Disabled Women Endure Intense Abuse in South Africa," *Voice of America*, 11 July 2013.
[90] Ibid.

Lungiswa was also starved as a child, which has further affected her mental capability. Now, she has to be forced to stop eating because she "will eat until she bursts," says caretakers at the Ikhaya Loxolo home. Sometimes she does not feed her daughter so that she can eat her food. She also "fills her cheeks with food like hamsters do" and sneaks food to hide in her room.[91]

As a child Lungiswa received monthly disability grant money, which she never saw. Her mother and family hid this money from her, buying things for themselves and even building a house with it.[92]

As a teenager, Lungiswa was sexually abused. A man told her he loved her, so Lungiswa began a sexual relationship with him, even though he was already married. At some point in their relationship, Lungiswa became pregnant.[93]

Lungiswa's experiences are a result of the intersectionality of poverty, disability, and gender, each which contributed to and worsened her abuse and neglect. While her background and story is not detailed, the intersectional framework provides insight into the factors contributing to her situation. From what the story illustrates, her mother raised her on her own, and likely lived in extreme poverty. Limited resources contributed to her lack of diagnosis or medical understanding of her birth defect, her starvation, and her lack of education. Disability-related stigma likely had a large part to do with the abuse she received from her mother, who could have been ashamed, and stolen disability grant

[91] Ibid.
[92] Ibid.
[93] Ibid.

money by her family, who might have thought she would not be aware of the stolen money. The most serious intersection is that of gender and disability, which made her a seemingly easy target for coerced sex or rape. Not provided with any sexual education, due to her disability she was unaware the relationship was harmful and unable to deny consent or to request condom use or a contraceptive method. Her disability likely motivated her perpetrator's actions, with little fear of repercussions. Above all, South African gender norms that subjugate women created an environment that normalized rape and made her sexual abuse possible. Had Lungiswa been male, part of the One-Third World, and not disabled, this probably wouldn't have happened. In fact, had she not been impacted by just one of these forces her experience probably would have been vastly different. Unfortunately, this was not the case and the forces of poverty, disability, and gender worked together to create a harmful environment.

Lungiswa's story also illustrates the absence of services and support for women with disabilities at the community, national, and international level. Societal norms and lack of access to school for people with disabilities could have prevented Lungiswa from getting an education, where she might have received much needed support, both for her disability and for the abuse and neglect she faced at home. Support from disability organizations could have formally diagnosed Lungiswa's disability and offered her appropriate assistance and even training. Such trainings and transfers of knowledge could have prevented Lungiswa's burns from cooking over a wood fire without knowing how. She could have learned about her monthly disability grant money, how to ensure that she received it and how to manage it. Community organizations or school curriculum also

could have provided sexual education, teaching Lungiswa about healthy and unhealthy relationships, birth control measures, and notions of consent. Had Lungiswa received any support, outside of the home, her situation could have been vastly different. Her story clearly highlights the dangerous effects of isolation and exclusion experienced by women with disabilities in South Africa, and throughout the Two-Thirds World. Even in a country that has been a pioneer in the disability rights movement, Lungiswa was affected by a serious lack of policy implementation, infrastructure, and social services that might have improved her lot in life.

Sadly, Lungiswa's experiences are similar to those of many of the women living in Ikhaya Loxolo. These women were fortunate enough to find sanctuary at the home, but what about the thousands of other women with disabilities experiencing violence in South Africa with no place to go for help.[94] Organizations rarely include an intersectional approach to addressing issues. Unfortunately, many of the existing South African organizations cast a broad net and do not narrowly focus on individual issues, such as violence. Disabled person organizations (DPOs) lack gender specific programming, organizations focused on women with disabilities do not focus on or have any programs available addressing violence, and organizations for women experiencing violence rarely include women with disabilities. In each type of organization, the violent experiences of women with disabilities are left out. This lack of support poses a serious problem. A 2011

[94] Ibid.

census reported that 8.3% of the female population in South Africa is disabled.[95] With a population of 27.3 million women, this equals 2.27 million South African women with disabilities, and those don't include the women not counted in the census.[96] It is clear that there is a huge need for support for these women, of which between 50% and 97% experience some form of abuse, but it does not exist.

This case study, and the experiences of Lungiswa, serve as a way to understand the global situation for women with disabilities who lack basic services and provisions to prevent and protect them from violence. While South Africa is recognized for its extreme rates of gender based violence,[97] its situation is not markedly different than that of other developing countries. Looking at this case study provides a real-life example of the struggles that women with disabilities face in developing countries.

4.3 *International policy*

Globally, legal provisions for disability rights exist, but are relatively new in the long history of development. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was instituted in 1979 and The Convention on the Rights of Persons with Disabilities (CRPD) entered into force in 2006, marking the first time that the rights of people with disabilities were internationally recognized.[98] Both of these treaties have been widely ratified across both the developed and developing world,

[95] Pali Lehohla, *Census 2011: Profile of Persons with Disabilities in South Africa*, Rep. no. 03-01-59, (Pretoria: Statistics South Africa, 2014) vi.
[96] *Midyear Population Estimates, 2014* Statistical Release, (Pretoria: Statistics South Africa, 2014) 2.
[97] Matthews et al.; Jewkes et al.
[98] Ortoleva, 87.

South Africa included.[99] The CEDAW and CRPD both exist to encourage changes in law and policy that secures the inclusion of women with disabilities, helps to understand violence against women with disabilities, and realizes the intersectionality of many women's lives.[100]

The CEDAW, although much older than the CRPD, has no elicit mention of persons with disabilities, and therefore has been criticized for its failure to ensure that these women realize their full human rights. The CRPD, though recent in its creation, has adopted many of the ideas in the CEDAW to specifically address the situation of women and girls and clearly uses a gender lens throughout its entirety. In its preamble the CRPD states, "that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation."[101] In Article 6 it specifically addresses the status of women, "that women and girls with disabilities are subject to multiple discrimination," and details states' responsibilities, "in this regard [states] shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms."[102]

Both treaties require individual states to enact legal protections for women with disabilities and authorize "the use of special measures or specific measure to expedite and ensure the achievement of equality between the sexes and those with disabilities."[103]

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[99] Note here that the United States has not ratified CEDAW nor CRPD, making it one of the only developed countries not to sign onto these treaties.

[100] Stephanie Ortoleva and Hope Lewis, *Forgotten Sisters - A Report on Violence against Women with Disabilities*, Rep. (Violence Against Women with Disabilities Working Group, 2012) 72.

[101] United Nations. "Convention on the Rights of Persons with Disabilities." *Treaty Series* 2515 (2006): 3.

[102] Ibid.

[103] Ortoleva and Lewis, 18.

The CRPD and the CEDAW, in Article 8 and Article 5 respectively, call attention to the serious negative effects of discrimination and stereotyping,[104] and hold the state responsible for combatting and eliminating these practices. The CRPD elaborates on this further to recognize that gender and disability stereotypes compound the effects on women with disabilities. [105]

Additionally, the CRPD and the CEDAW both address access to justice and legal rights. Article 15 of the CEDAW focuses on women's legal autonomy, requiring States to ensure equal rights of men and women before the law, while the CRPD draws on this concept to ensure the "capacity to be a person before the law" and "legal capacity to act."[106] The declarations made here are extremely important for women with disabilities because their access to justice is very restricted and problematic.

While goals set by the United Nations do not function the same way as treaties, they act as a joined global effort to work towards a common goal. The Millennium Development Goals (MDGs), created by the United Nations in 2000, represented a serious global effort to make an impact on poverty by the year 2015. However, none of the 8 Goals, 21 Targets, or 60 Indicators referenced people with disabilities.[107] The absence of people with disabilities in the MDGs was extremely concerning, as statistics at that time estimated that 10% of the world's population was living with a disability and that people

[104] Ortoleva, 86.
[105] Ortoleva and Lewis, 18.
[106] Ibid., 21.
[107] United Nations, *Disability and the Millennium Development Goals,* (New York: United Nations, 2011) vii.

with disabilities made up a disproportionate amount of the world's poor.[108] The lack of inclusion in such a serious global effort to attack poverty presents not only a missed opportunity, but a restriction on the ability to achieve the MDGs without addressing the needs of people with disabilities. Learning from this lesson, the 2015 Sustainable Development Goals (SDGs) made considerable efforts to be more inclusive. Five of the SDGs, Goals 4, 8, 10, 11, 17, included people with disabilities. The phrase 'people with disabilities' or the word 'disability' itself were mentioned 11 times.[109] This inclusion marks a considerable change in the global effort to eradicate poverty. Moving forward, global efforts to achieve these goals will need to incorporate an equally strong inclusion of people with disabilities.

Both treaties provide numerous provisions for the rights of women and rights of persons with disabilities, the CRPD making up for many of the shortcomings of the CEDAW in reference to women with disabilities. The newly created SDGs learned from the failures of the MDGs and committed attention to the needs of people with disabilities in addressing poverty. Although substantial provisions and promises to ensure the rights of women with disabilities exist, most responsibility falls on the state for implementation. With no concrete means of enforcing these treaties or holding States accountable, implementation often lacks or is nonexistent. Depending on the state to provide protections

[108] Ibid.
[109] United Nations Enable, *Disability-Inclusive Sustainable Development Goals,* (New York: United Nations, 2015).

set forth by international actors, people with disabilities strongly affected when implementation falls through.

5. Recommendations and Conclusion

Although this case study focuses on the specific situation of women with disabilities in South Africa, this scenario illustrates problems that exist in many other developing countries. As this paper demonstrates, the situation of women with disabilities around the developing world is problematic and harmful, to varying degrees, but nonetheless still so. The following recommendations, while given to address the South Africa case study, can be applied to many different countries.

To appropriately and comprehensively address violence against women with disabilities in South Africa, a number of responses need to be applied. International frameworks, like the CRPD and the CEDAW, to realize the rights of women and people with disabilities already exist. However, these conventions need to be properly implemented and integrated in signatory countries. Domestic legislation needs to be enacted and properly implemented that specifically address violence against women and girls with disabilities and recognizes their autonomy. Efforts to provide prevention and protection need to be made. This not only includes the creation of organizations to help women with disabilities address violence, but working at the international, national, and local spheres to change norms and beliefs that stigmatize disability and gender, and make violence acceptable. The prosecution and punishment of those who commit violent acts against women with disabilities needs to increase and improve, to work with women to make them aware of their rights, work with the police force to take these complaints

seriously, and work with the judicial system to ensure prosecution and appropriate punishments. Attention must also be paid to the recovery and rehabilitation of women after they have experienced violence, attention which can and should come from local organizations. Lastly, and perhaps most importantly, serious efforts to collect data need to be undertaken. Current data collection is scarce, outdated, focused on the developed world, and generally aggregated. Data needs to be collected on each type of violence that women with disabilities experience in the many different settings.[110] Data should be focused on the developing world or Two-Thirds World and disaggregate class, gender, religion, caste, and sexual orientation. Only then will we be able to fully understand the entirety of the problem facing Two-Thirds World women with disabilities and accurately respond.

Each of these responses is critical to reducing violence and providing resources when violence does happen. However, in this paper, I recommend that the immediate focus be on creating specialized organizations to support women with disabilities through their experiences of violence. Entirely new organizations do not necessarily need to be created, as including specialized programs into appropriate pre-existing organizations would also be beneficial. But, to ensure that specialized programs continue to operate effectively and specifically address violence, these programs need to be monitored regularly.

As observed in the case study, as a country with 2.27 million women with disabilities[111] and alarmingly high rates of gender-based violence, South Africa has few to no organizations that are specifically dealing with violence against women with

[110] United Nations General Assembly, 15.
[111] Lehohla, vi.

disabilities, nor do any of the other available organizations have programs that specifically address this issue. The other recommendations, while equally important, are mostly top-down and state-led, which generally take more time to implement. By focusing on the creation of organizations, these efforts do not have to be forgotten. They can and should be integrated into the work and programs of these organization. Creating specialized organizations that can provide assistance to women with disabilities who experience violence will meet the immediate needs of women who have no access to resources.

The creation of organizations or programs does not need to be uniform, in fact it would be more beneficial to have a number of diverse organizations or programs that would cater to the specialized needs of individual women and their children. A successful and specialized organization or program should have the following components:

- Strong focus on research
- Include women with disabilities as leaders and contributors in the organization
- Raise awareness and combat stereotypes and discrimination
- Focus on rural areas and townships
- Provide access to legal help and justice
- Work to build relationships with local police forces
- Provide a safe space for women and their children
- Act as advocates for women
- Be inclusive
- Creative programming to address unique situations

A strong focus on research is key in fully and appropriately addressing the needs of women with disabilities as they experience violence. This should be the center of any organization's work, as understanding women's lived realities is critical to properly addressing their needs. Research and reports need to be produced that detail the specific

experiences of women with disabilities in the communities they serve, with a special focus on violence. In a background paper on chronic poverty and disability Yeo writes,

> The most important element of any future research is that it is not undertaken as an alternative to tackling the exclusion and chronic poverty faced by disabled people. The research itself should challenge power relations and not just restate issues about which we already know. As Sue Stubb writes, "don't get stuck on details that do not make a difference to people's lives, this is a great academic distraction!'"[112]

Although Yeo writes from a poverty and disability framework, her recommendations can easily be applied to this context. Gender can replace the dimension of poverty, or even work to add a third dimension. As seen, violence against women with disabilities manifests itself in a variety of ways, each which requires different interventions. By better understanding these patterns, organizations will be able to provide targeted assistance and programs.

Disabled People South Africa serves as a good example of an organization created by and for people with disabilities, with people with disabilities steering the organization and serving in a variety of different leadership roles. Organizations created by people, specifically women, with disabilities will not always be possible, due to social barriers, but should be encouraged. In cases where not possible, organizations should include participatory processes that hear from and include the voices of women with disabilities. They should take up leadership roles and drive the direction of the organization. With these inclusive leadership practices, project creation and implementation will be able to appropriately identify and address the immediate needs of the community served.

[112] Yeo, *Chronic,* 30.

In addition to implementing projects, organizations and programs should actively commit to raising awareness about disability, gender, and violence. These efforts should work towards combatting harmful stereotypes and discrimination, many which encourage violence against women with disabilities. Raising awareness is a critical, long-term project that is necessary to improve the societal status of women with disabilities.

Geographic location of organizations needs to be carefully considered. Typically, a wealth of resources exists in urban areas, but are lacking in rural areas and townships. Rural communities are frequently underserved, as they are smaller, distant from central locations, and often spread out. With a focus on disability, the mobility of the women served should also be taken into account. Lack of assistive devices can keep women bound to their homes and rural villages, as well as gender norms that prevent women from traveling alone. Organizations need to be creative to address these concerns. If women are home-bound, organizations could consider mobile programming to meet women in their own communities. Due to the sensitivity of the topic and the privacy of women served this might not always be advisable. However, by working creatively, solutions to address these unique situations are possible.

The next two necessary components are perhaps the most difficult, but also two of the most crucial; assisting women in seeking justice and building relationships with local police. Here, strong relationships with local police forces are necessary to enable and encourage women to report violence. These relationships must be built in partner with raising awareness and reducing stigma, as stigmatization and discrimination are key reasons that women do not report violence. Legal assistance must also be provided to

ensure that women are able to seek justice after they have reported incidents. If and when incidents are reported, they are rarely followed up and brought to court. Much state-sponsored work needs to be done on the country's legal system that takes seriously the accusations of violence from women with disabilities. Until that happens, organizations need to work to give women a voice to report incidents and seek justice.

In egregious situations of violence, some women and their children might require refuge. In these cases, extreme efforts should be made to protect the safety of these individuals. Keeping confidentiality is critical to providing a safe space, as family members finding out that a woman has disclosed abuse could be detrimental. Not every organization will be able to function as Ikhaya Loxolo, taking in people with disabilities fleeing violence, but they should have knowledge and access to information on places that women and their children can go in situations where they are unable to return home. Understanding these implications in a cultural setting is extremely important as well, as negotiating cultural norms could prove difficult.

Acting as women's advocates is one of the biggest jobs for organizations working specifically with women with disabilities. Due to their gender and disability, these women are rarely heard or able to voice themselves. Advocacy should be implemented throughout every aspect of the organization. Organization personnel and other involved persons should place the individual's wants and needs at the forefront of their mission and work diligently to let their voices be heard.

Throughout the creation of organizations and implementation of programming, inclusivity needs to be a goal. While this paper focuses on the marginalization of women

with disabilities in poverty, additional opportunities exist that can further marginalize women. Social standing, class, caste, ethnic groups, religion, and sexual orientation all present another possible dimension of marginalization. Organizations should have fully inclusive environments that are regularly monitored.

The many different forms of disability and violence that women experience create unique, complicated, and difficult situations to address. There is not one cookie cutter mold that will work for every situation. Creativity needs to be employed by organizations so as to reach the women in unique situations. Working with women that are experiencing caretaker abuse and are not mobile or non communicative, poses a unique problem. Situations like these prove difficult, and solutions can only be created by thinking outside the box.

Individually, these components are not enough to ensure the existence of successful organizations. However, if implemented together, they have the potential to create long-lasting organizations that will effectively address the needs of women with disabilities who experience violence. If organizations include these important components, they have the potential to make a considerable impact on the lives of women with disabilities and create nation-wide change. If applied throughout the developing world, these organizations can improve the lives of women with disabilities throughout the world and work to reduce the violence that they experience.

GLOSSARY

CEDAW – The Convention on the Elimination of All Forms of Discrimination against Women

CRPD – The Convention on the Rights of Persons with Disabilities

DFID – Department for International Development

DPO – Disabled persons organization

DPSA – Disabled People South Africa

INDS – Integrated National Disability Strategy

IYDP – International Year of the Disabled Person

LHSA – Lebanese Sitting Handicapped Association

MDGs – Millennium Development Goals

OHCHR – Office of the United Nations High Commissioner for Human Rights

SDGs – Sustainable Development Goals

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