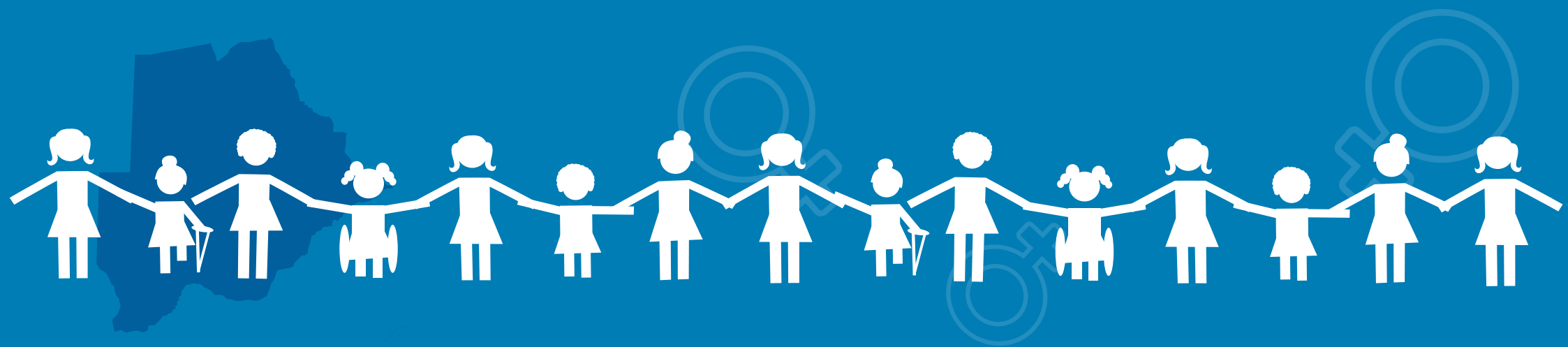


# ALIGHT BOTSWANA:

## From Understanding the Context of Violence against Women and Girls with Disabilities to Actions. Study Brief

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## What was the purpose of the ALIGHT project research component?

Worldwide, people with disabilities have significantly increased odds (OR: 1.50) of experiencing violence when compared to people without disabilities [1]. The vulnerability of women and girls with disabilities is even greater as they experience discrimination based on their gender and disability [2]. The combination of gender inequality, disability exclusion, and endemic violence creates a toxic cocktail (figure 1) which negatively affects the health and wellbeing of women with disabilities, leading to injuries, further disabilities, and worsening mental health [3]. It also leads to poorer sexual and reproductive health (SRH) outcomes such as increased likelihood of unintended pregnancies and the acquisition of HIV and other sexually transmitted infections (STIs) [3]. At the start of the ALIGHT project there was no empirical evidence available on violence against women and girls with disabilities in Botswana.

In order to inform the ALIGHT project capacity building component, we have undertaken a qualitative study to understand the factors (individual, interpersonal, social, structural, and policy) that drive violence against women and girls with disabilities in Botswana.

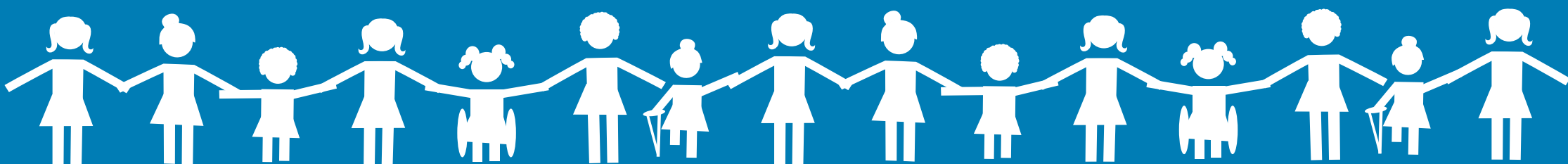


*Figure 1: Intersection of disability exclusion, gender-inequality, and violence*

## How was the study conducted?

The study was conceptualized and implemented collaboratively by researchers and women with disabilities from the South African Medical Research Council (SAMRC), Botswana Council for the Disabled (BCD), and the Institute for Development Management (IDM). It applied a participatory design including a systematic policy review and qualitative inquiry using focus group discussions (FGDs), key informant interviews (KIIs), and case studies (CSs). We collected data on the risk factors of violence against women and girls with disabilities, the experience of violence among women with disabilities, and the gaps and opportunities in the work of NGOs and DPOs (Disabled Peoples Organisations). The study used the ALIV[H]E framework [3] and its change matrix as a guiding tool (figure 2). The change matrix classifies four contextual areas to identify risks of and opportunities for transformation to prevent violence against women and girls in all their diversities, namely:

- **Internalised attitudes, values, and practices (Q1)**
- **Socio-cultural norms, beliefs, and practices (Q3)**



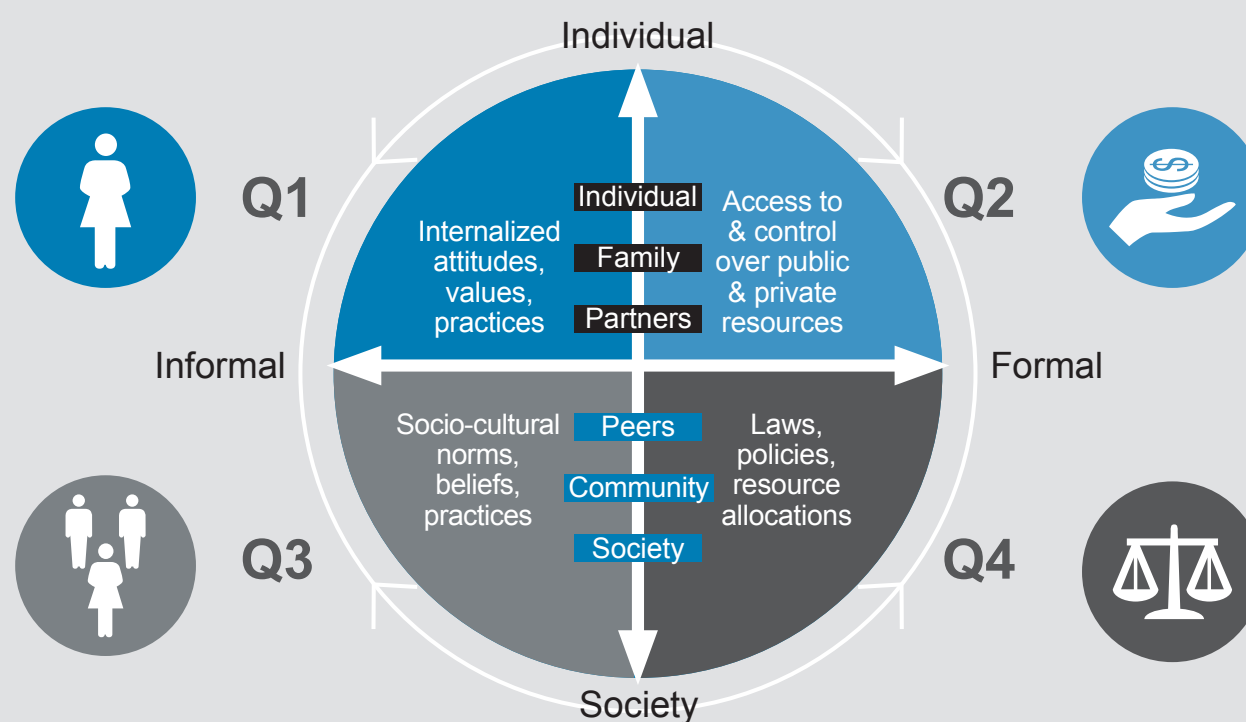


Figure 2: ALIV[H]E Framework Change Matrix

- Access to & control over public and private resources/services (Q2)
- Laws, policies, and resource allocation (Q4)

## What did the ALIGHT research component find?

Women with disabilities reported that they experience all forms of violence (physical, emotional, sexual, economic), in particular emotional and sexual violence. They experience violence in the home, at work/school, or in places shared with an intimate partner. Some family members were perpetrators of violence while others overprotected their family members with disabilities, unintentionally restricting their freedom of movement and participation. Often violence was directly related to their disability and assumptions that women with disabilities are not able to live independently or report perpetrators.

### Individual attitudes and practices

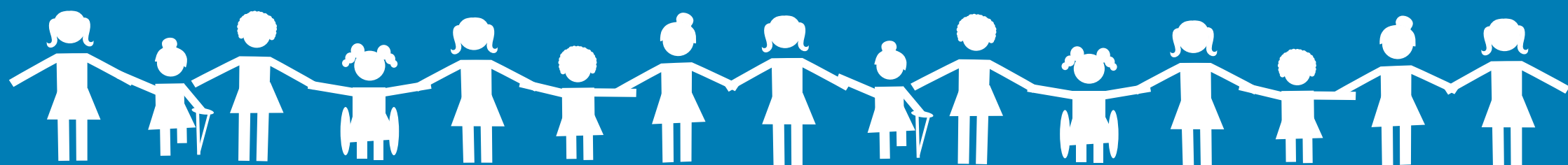
Women and men with disabilities said that they lacked knowledge about their rights and opportunities. Negative attitudes about their abilities from family and community perpetuate situations in which women with disabilities: stay dependent on others, are seen as less able to contribute to family and community, and are seen as easy victims of violence and exploitation because of their disability and gender. Ignorance and negative attitudes towards disability and sexuality also

“

*People with disabilities don't know their rights and lack confidence*  
(woman with disability)

”

“ Women with disabilities experience the most abuse from men mostly in intimate partner relationships. When a man approaches you, he intends not to stay with you because you are blind, he just wants to use you and then leave you. In families the abuse happens when they see you as inadequate and useless and start treating you with disrespect ”  
(woman with disability)



lead to healthcare professionals, police officers, and educators being unaware of the vulnerabilities and needs of women with disabilities in their daily practice.

### **Socio-cultural norms and beliefs**

Cultural misconceptions about disability as ‘inability’ or a being a ‘curse’, in combination with gender inequality, create an environment in which women and girls with disabilities experience double stigma and discrimination. This results in exclusion and marginalization, providing the opportunity for violence to occur unnoticed.

**“  
Socially we view  
disability as inability  
(woman with disability)  
”**

**“  
We don’t really view them as  
people who have sexual rights,  
so they [healthcare workers,  
educators] don’t even discuss  
pregnancy issues with them  
when they are teenagers  
(NGO staff)  
”**

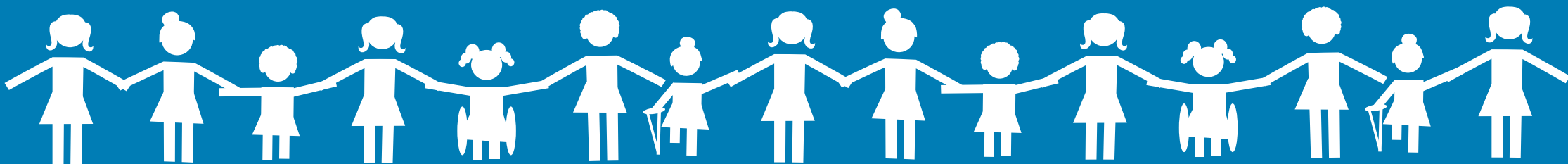
Similarly, socio-cultural views of people with disabilities as being sexually inactive or not having the right to engage in sex, lead to the exclusion from sexual and reproductive health education and services as educators and healthcare workers are ignorant of the needs of women and men with disabilities.

### **Access to public and private resources**

Women with disabilities reported that they and their families lack access to financial/economic resources and public services. Firstly, lack of disability accommodation in the workplace increase the likelihood of unemployment. Secondly, participants revealed that most public services including healthcare, education, justice, and transport were inaccessible. This inaccessibility is due to physical and communication barriers, as well as negative attitudes towards people with disabilities. Concepts such as ‘universal design’ and ‘reasonable accommodation’ were not known among participants or staff.

**“  
Our infrastructures, our  
police stations don’t cater  
for people with disabilities  
(NGO staff)  
”**

Thirdly women with disabilities reported that lack of economic resources and access to public services increased their dependency on others when they needed to use the services that are available. This dependency may overburden caregivers, but also creates situation in which violence can occur or where support is denied, which further limits women with disabilities’ access to healthcare, post-violence care, support services, and justice. Lastly, lack of disability accommodation, such as the provision of sign language interpretation, denies people with disabilities privacy and dignity as confidentiality is often not possible once a person with disability reaches a specific service. Inaccessibility can therefore also be interpreted as an act of structural violence.





## Inclusiveness of policies and strategic programmes

Furthermore, our policy review found that Botswana's policies and programmes addressing violence (incl. SRHR, HIV, and GBV) are not interlinked with policies or programmes focusing on disability. Firstly, disability policies and strategic programmes are silent on issues of SRHR, HIV, and violence. In contrast, some policies and programmes on SRHR, HIV, and GBV recognise the vulnerability of people with disabilities and a few recognise specific vulnerability of violence against women and girls with disabilities. However, none of the documents provide data on people with disabilities or evidence on their vulnerabilities, needs, and desires. They also don't include specific measures to protect or promote the rights of people with disabilities and fail to provide guidance on how services need to be adapted so that they are accessible to people with disabilities.

In addition, all documents lacked disability-related monitoring, surveillance, and resource allocations.

Our study also revealed, that participants from both NGOs and DPOs lacked knowledge about existing policies and how they can be utilized to increase participation of women and girls with disabilities or address violence against them. They also lacked knowledge about the gaps in policies and strategies or held the assumption that existing documents only needed to be implemented. Training to understand and design disability inclusive policies and strategies is therefore needed.

### **What are the gaps and opportunities in the work of NGOs and DPOs in Botswana?**

DPO and NGO representatives lacked knowledge about key elements of designing inclusive policies and strategies, as well as knowledge and innovative ideas on how to create environments with universal design and reasonable accommodation. During our field visits, the participating DPOs and NGOs tended to only cater for specific disabilities, if at all. Overwhelmingly, organisations were inaccessible to a range of people with disabilities. DPOs and NGOs staff alike lack training on issues around violence, GBV, and HIV concerning women and girls with disabilities. Hence, training and support to develop organisational policies and strategic programmes using universal design and reasonable accommodation in both NGOs and DPOs is a crucial first step to achieve participation and inclusion. Many participants experienced the ALIGHT disability inclusion checklist as a useful tool for sensitisation and identification of transformation. Hence, this tool should be further developed for application in Botswana. Furthermore, NGOs and DPOs have different opportunities to increase participation of women and girls with disabilities. NGOs have a wide geographical reach addressing violence and HIV across the country, while DPOs focus on people with disabilities, work more locally, but have no formal programmes addressing violence against women and girls with disabilities. Only a few NGOs had ever included people with disabilities in their programmes or as staff.



DPOs representatives reported that they engage informally through their existing advocacy activities, disability accommodation services, and peer support mechanisms. Combining the work of NGOs and DPOs would contribute considerably towards increasing participation and inclusion and to reducing violence against women and girls with disabilities. NGO and DPO representatives recommended the development of several interventions, which informed the ALIGHT framework and are summarised here:

### **Internalised attitudes, values, and practices**

- Develop and provide life-skills and sexuality education lessons in accessible formats in schools and peer-support groups
- Provide training and support to caregivers of people with disabilities
- Integrate or mainstream disability across all violence and HIV programmes (also employ staff with disabilities)

### **Socio-cultural norms, beliefs, and practices**

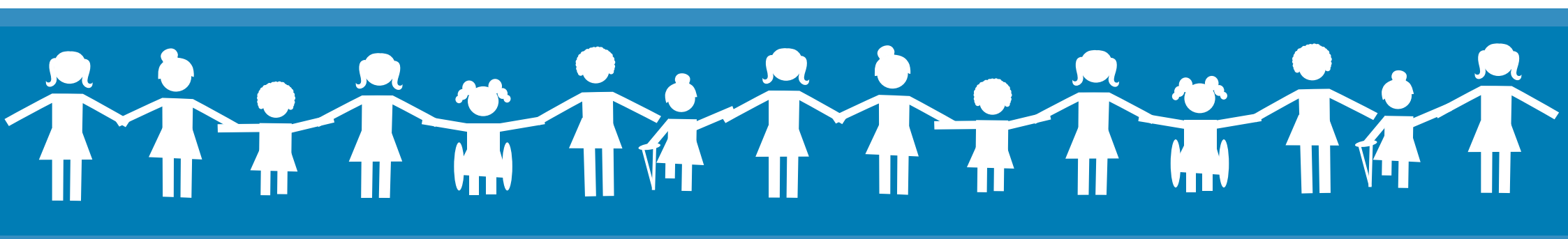
- Conduct disability sensitisation and advocacy in communities through events and focused programmes or training
- Address misconception about disability, gender, and sexuality in communities and services

### **Access to and control over public and private resources/services**

- Train NGOs and DPOs on the intersection of disability, gender, and violence
- Apply the ALIGHT disability inclusion service checklist to sensitise and assess level of inclusion and accessibility of NGOs and DPOs
- Develop a simple checklist to evaluate accessibility of public and private services and programmes
- Provide work placements for women with disabilities and caregivers of people with disabilities
- Introduce a disability focal person in each service centre

### **Laws, policies, and resource allocation**

- Ensure accessibility to police and justice
- Promote development and implementation of disability legislation, policies, and law, including resource allocations
- Increase the evidence base through research on prevalence, causes of violence, and what works to prevent or stop violence against women and girls with disabilities



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