Building capacity for a disability inclusive response to violence against women and girls: Experiences from the W-DARE project in the Philippines

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The Philippines has developed a range of national laws, policies and programmes, in response to violence against women and girls (VAWG). However, as elsewhere, the needs and experiences of women with disabilities are rarely considered in government policies or development activities. Yet women with disabilities are more likely to experience violence than their peers without disability, and they experience a range of barriers that prevent them accessing violence prevention and response services. This article describes initiatives supported by the W-DARE programme to respond to this. These initiatives have involved disabled people's organisations, local researchers and activists in the women's movement, and officials from multiple levels of government. They aspire to build the ability of national policy-makers, programme staff, and local service providers to respond to the interests of women and girls with disabilities who face violence.

Keywords: Disability; Violence; Women with disability; Inclusion; Accessibility; Philippines

Introduction

Violence against women and girls is a major human rights and public health issue globally. In countries across the world, women and women's movements have worked tirelessly to support women who have experienced violence, and to advocate for greater attention and resources to be directed towards the prevention of violence against women and girls (hereafter, VAWG). Appropriately, responses to VAWG are increasingly being supported by national governments and through international development assistance. Yet much remains to be done to ensure VAWG policies and programming are inclusive (that is, that they are relevant to, and accessible to, all women and girls, including those living with disabilities)[1].

Approximately 15 per cent of all women are estimated to be living with some form of disability (World Health Organization and World Bank 2011, p.27). The global charter on disability rights, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which came into force on 3 May 2008, describes disability as an evolving concept. People with disabilities include those who have long-term or episodic physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Barriers can be

attitudinal; related to the built environment or information, communication and technology; or institutional, such as policies which do not promote equal participation or access to services (United Nations 2006). The social and economic disadvantages experienced by people with disability intersect with the gender inequality pervasive in all societies. These and other identities result in 'compound oppressions' (Nixon 2009, p.84), which shape the relationships of women with disabilities, their experiences of violence, and the likelihood that they will be able to access support, services and justice, in different contexts. These concerns have been discussed at a theoretical level by Kimberle Crenshaw in her work on intersectionality (1991).

Women and girls with disabilities experience disadvantage and discrimination in many aspects of life. They are often excluded from the social, cultural, political and economic life of their communities, or their role is a particular one which is shaped by stigma and exploitation or special treatment. Women with disabilities experience more exclusion than women without disabilities or their male counterparts with disability, compromising their life chances (Stubbs and Tawake 2009). Women with disabilities may be denied services such as health and transport, and opportunities critical for social and economic wellbeing including education, employment, and participation in the community. Women with disabilities have also often found themselves marginalised from the main debates in both the disability rights movements and the women's movements (Thiara et al. 2011).

The limited research that has been undertaken to examine VAWG from the perspective of women and girls with disabilities in low- and middle-income countries suggests that violence is common, but inclusion of women with disabilities in violence prevention and response programmes is not (for example, Astbury and Walji 2014, in the context of Cambodia; Lin et al. 2010, in Taiwan). Despite an increased likelihood of women with disabilities experiencing VAWG, and the specific issues facing these women, responses to VAWG and prevention efforts around the world rarely consider their needs and experiences (Mikton et al. 2014).

In this article, we share what we have learned in the W-DARE (Women with Disability taking Action on REproductive and sexual health) participatory action research project in the Philippines. We hope our insights may be a 'tool for thinking' for researchers and practitioners working elsewhere, to help them think through how to respond to violence against women with disabilities. First, we introduce W-DARE and its aims. We then focus on VAWG with disabilities. We then move on to explore these issues in the context of the Philippines. After this, we present our findings and discuss the pilot interventions which evolved from these. We reflect on the lessons of W-DARE for ensuring services and responses to VAWG are appropriate, supportive and empowering for women and girls with disabilities.

W-DARE: action research on VAWG with disabilities in the Philippines

W-DARE is a three-year (2013-2016) participatory action research project, led by researchers from the Melbourne School of Population and Global Health at The University of Melbourne, Australia, and the Social Development Research Center at De La Salle University, Philippines and implemented in partnership with Disabled Person's Organisations (DPOs) WOWLEAP and PARE, the non-government sexual and reproductive health service provider Likhaan Center for Women's Health, and the Center for Women's Studies Foundation (University of the Philippines). Some of our team are women with disabilities themselves. W-DARE aims to increase the evidence base available to policy-makers, practitioners and other researchers about VAWG and women with disabilities. It ultimately aims to increase access to sexual and reproductive health services, including violence prevention and response services, for women with disability in the Philippines (Vaughan et al. 2015).

In the Philippines, one in five women aged between 15 and 49 is estimated to have experienced physical violence (Philippine Statistics Authority 2014). These data are not disaggregated by disability, but studies by national DPOs suggest that the level of violence against women with disability, and in particular Deaf women and girls [2], is much higher (KAMPRI 2009). National census data indicate that at least 1.57% of the adult population in the Philippines has a disability (Philippine Statistics Authority 2013), though this is thought to substantially underestimate disability prevalence. Anecdotal evidence from the local disability community suggests that the level of violence against women with intellectual and psychosocial disabilities is also elevated (personal communication, PARE, February 2014).

The women's movement in the Philippines has an impressive history of activism and political struggle over many decades. Women activists have achieved a range of legislative and policy advances over the years in relation to violence against women, including the *Anti-Violence against Women and their Children Act of 2004* and the overarching *Magna Carta of Women* (Republic Act No. 9710, 2009). However, involvement of women with disability in the wider women's movement has been limited. People with disability in the Philippines have also achieved a range of legislative and policy advances in recent years, including those enshrined in the *Magna Carta for Disabled Persons* (Republic Act No. 7277, 1991). However, there has been limited consideration of the specific issue of violence against women with disability. This, and the inadequate documentation of the violence experiences of women with disability in the Philippines, has rendered them largely invisible in national responses to violence.

Over the first 18 months of the W-DARE research project, we collected a range of quantitative and qualitative data in two districts (densely populated Quezon City in Metro Manila, and largely rural Ligao City in Albay Province). We aimed for a better understanding of: the nature and prevalence of disabilities in the communities; the quality of life and

access to community for people with disability; the sexual and reproductive health experiences of women with disability, including experiences of VAWG; access to sexual and reproductive health services, and violence prevention and response services, for women with disability; and the disability-related attitudes and practices of service providers from both government and NGOs.

We used a range of research methods to generate this baseline knowledge including a cross-sectional survey of over 3000 adults in Quezon City and Ligao City that incorporated a women's health questionnaire completed by women identified with disability and matched controls; in-depth interviews with 42 women and girls with disabilities aged 15 years and above; key informant interviews with 20 health and disability service providers; and 8 focus group discussions (with partners and parents of women with disabilities, women without disabilities, and sexual and reproductive health service providers). Our participatory and disability inclusive approach meant that women with disabilities were involved at all stages, including during research design, with women with disabilities trained and supported in their role as co-researchers. During this first phase of the project, the team of enumerators conducting the household survey included women with disabilities and interviews with women with disabilities were conducted by other women with disabilities.

In the second 18 months of W-DARE, we used our analysis of the data we had collected to develop, implement and evaluate pilot interventions to increase access to sexual and reproductive health services and information, and violence prevention and response services, for women with disabilities. In this paper we describe the interventions most relevant to increasing disability inclusion in responses to violence against women and discuss early outcomes of these efforts.

Ethics approval for the W-DARE program was obtained from the University of Melbourne Health Sciences Human Ethics Sub Committee and the De La Salle University Ethics Committee in August 2013. Informed consent was obtained from all participants prior to data collection.

Exploring VAWG from the perspective of women with disabilities

Research from other parts of the world gives insights into the experience of VAWG from the point of view of women with disabilities. Women with disabilities experience the same forms of violence as women without disabilities (including physical, sexual, emotional and economic violence). Women with disabilities experience violence committed by a wide range of perpetrators, including intimate partners, family members, personal assistants, neighbours, teachers, health workers, transport providers, and strangers (Astbury and Walji 2013).

There is some evidence that women with disabilities are more likely to experience intimate partner and sexual violence, than either women without disabilities or men with disabilities (Hughes et al. 2012). In one of the few studies to have used population-based data to analyse differences in the prevalence of violence against women with and without disabilities, Lauren Krnjacki et al. (2015) found that Australian women with disabilities had twice the odds of having experienced violence of any type in the last twelve months than women without disabilities, and even higher odds for sexual violence. The increased likelihood of violence against women with disabilities was also found for experiences of violence since the age of 15.

In addition, women with disabilities may also experience violence that is specifically related to their disability. This includes removal of assistive devices, withholding medication or conversely over-medication, violence in institutions (Schrottler and Glammeyer 2013), and forced sterilisation or insertion of contraceptive devices (Frohman and Ortoliva 2014).

Disability may make it more difficult for a woman to defend herself from violence. In some instances, women may be dependent on caregivers for assistance with the activities of daily living, including communication, and mobility in and outside the home. This dependence - or rather, people's exploitation of it - increases the risk that women with disabilities may be subject to violence. Perpetrators of violence may think that women with disabilities will not report violence, or that they will not be believed if they do so. Communication barriers and barriers within the justice system often *do* prevent women with disabilities reporting violence and accessing justice, a fact that is exploited by perpetrators (Camilleri 2008).

VAWG with disabilities in the Philippines

The experience of women with disabilities

Data collected in the first phase of W-DARE confirmed the all-too-common experience of VAWG with disabilities in the Philippines. The women who participated in the study had physical, sensory, intellectual and/or psychosocial impairments, and described a range of forms of violence, including physical, sexual and emotional violence.

Instead of talking, always, he'll hurt me. That's how he [husband] dealt with our situation. He'll beat me.

(Deaf woman, in-depth interview, Quezon City, November 2013)

The violence that women described was committed by diverse perpetrators, including partners and family members, service providers in a range of sectors, and members of their local communities. Some women described the violence they experienced as being violence that was perpetrated *because* of their disability.

My mum hits me sometimes because she gets irritated from me. She is fond of pinching me, for example at my breasts... Another form of abuse I consider the most [painful] is my dad rejecting me, because he left us for his other family. He can't accept that I have disability. He says they don't have that kind of genetic abnormality in his bloodline

(Young woman with mobility impairment, in-depth interview, Quezon City, December 2013)

Women also described actions taken by others (usually partners or family members) to further restrict their mobility outside the house, their participation in education and other opportunities, access to diverse services, and communication and relationships with other people. While not all women with disabilities recognised these controlling behaviours as 'violence', some did.

The physical environment and lack of accessible transport in many communities in the Philippines mean that women with mobility impairments find it extremely difficult to leave a dangerous situation quickly. A range of structural and policy barriers further undermine the ability of women with disabilities to leave a violent relationship. For example, women who are blind or have low vision are unable to open a bank account making it difficult for them to put aside money in case of emergency. Women with disabilities often have particularly limited access to social and economic resources, increasing their dependence on others, which may be exploited by perpetrators of violence.

Women involved in our research described violence as undermining their health and wellbeing, access to services, particularly sexual and reproductive health services, participation in community events and opportunities, and quality of life. They often had limited awareness of their rights, including their right to safety in their own homes and to a life free from violence; women's awareness of sexual and reproductive health rights was particularly limited. They also reported being unsure where they could access help when they experienced violence, particularly when violence was perpetrated by family members or others, in the context of a dependent relationship.

The views of service providers

Service providers, including those working specifically in violence response services, were often not aware of the higher levels of violence experienced by women with disabilities [3]. Service providers had inadequate understanding of the rights of women with disabilities; very little training in relation to disability; and limited access to the resources that would enable them to provide a disability inclusive service. Some service providers held prejudiced attitudes towards women with disabilities seeking sexual and reproductive health services, including responses to sexual violence, resulting in disability-based discrimination.

More positively, some service providers were aware that women with disabilities did experience family and sexual violence, but they recognised that this awareness was not consistent across health and other services. This was highlighted by a focus group discussion participant describing her efforts to refer a woman with psychosocial disability who had experienced sexual violence, for medical treatment:

I referred her to ER [the emergency room] in a nearby hospital and she was not given a good treatment. She was shouted at because she's not answering. See, [the doctor] didn't give her a favourable treatment because she's not answering.

(Service Provider Focus Group Discussion, Quezon City, January 2014)

The Philippines has a well-developed national policy framework in response to violence against women, including guidelines for local level services (Philippine Commission on Women 2012) and referral pathways for women who have experienced violence (Philippine Commission on Women and the Inter Agency Council on Violence Against Women and their Children, 2010). However, data generated through W-DARE make clear that existing services and resources in the community, such as the Violence Against Women (VAW) Desks at *barangay* (local government) level or the Women's and Children's Protection Units (located in DOH Hospitals) are not always accessible for women with disabilities. National policies and frameworks do not provide guidance to local level providers as to the level of violence that women with disabilities face, about the specific needs of women with disabilities experiencing violence, or how services may need to be adapted to meet these needs. The siloed nature of civil society activism and government action in relation to gender-based violence and the rights of people with disabilities was highlighted by one of our partners, from an academic institution, stating:

I have been involved in the women's movement for over thirty years, and I am ashamed to say that I never really thought about women with disabilities

(personal communication, February 2014)

Piloting strategies to prevent and respond to violence against women with disabilities

Analysis of data collected in the first phase of W-DARE about women's experience of VAWG suggested interventions are required in a number of domains, to support women with disabilities to live lives free from violence. Efforts are needed to increase disability inclusion in violence prevention and response services, in order to make these effective for women with disabilities. In addition, activities are needed with women with disabilities themselves, and with families of children with disabilities, to increase awareness of the rights of people

with disabilities, and to increase awareness about and uptake of violence response services by women with disabilities.

Our analysis clearly suggested that efforts were required to increase the knowledge and skills of violence prevention and response service providers, and to strengthen referral pathways for women with disabilities who had experienced violence. This included strengthening referral to violence response services from health service providers. In addition, our research team members with disabilities emphasised the importance of long-term efforts to address disability-based prejudice and discrimination in the Philippines. Widespread ignorance, prejudice, and discrimination are likely to undermine efforts to address demand for - and supply of - violence prevention and response services to women with disabilities.

Prior to the design of any pilot interventions, we held participatory prioritisation workshops in Quezon City and Ligao City with members of the research team and representatives of partner agencies, including women with disabilities. At these workshops, we reflected on our initial analysis of the data, and developed a list of possible interventions that could address factors undermining the health of women with disabilities and, specifically, remove barriers to sexual and reproductive health and violence response services. This list was framed around what kinds of behaviour and situations needed to change for women with disabilities to have improved health (particularly sexual and reproductive health) and to have equitable access to services.

The initial long list of interventions that could potentially be supported by W-DARE was then subject to a prioritisation exercise, with workshop participants collectively assessing the need for or importance of an activity; its likely impact; the feasibility of successful implementation, based on assessment of political and community support, as well as our collective capacity; and the cost. Following this, pilot activities to be trialled and evaluated during the remainder of the project were agreed. In the rest of this article we describe our experiences implementing those activities most relevant to preventing and responding to violence against women with disabilities. As activities are ongoing, evaluation data will be presented in subsequent papers [4].

PAGs: peer support groups for women with disabilities

The project is supporting a number of peer-facilitated support groups, known as Participatory Action Groups (PAGs), for women with disabilities, and one for parents of children with disabilities. The PAGs aim to increase participants' awareness of their rights and understanding of different forms of VAWG (as defined in the Philippines through Republic Act no. 9262, the *Anti-Violence against Women and their Children Act of 2004*); increase participants' knowledge of and confidence to access and negotiate services, including violence response services; foster peer support and solidarity among women with

disabilities; and increase the understanding of parents of children with disabilities in relation to their children's rights and the services available to them.

The PAGs are small groups of participants that meet fortnightly to discuss different aspects of sexual and reproductive health, including violence against women with disabilities. The PAGs have been organised to meet the needs of women with different types of impairment (for example, a group of women who are Deaf meet together, while groups of women with mobility impairment meet together) and are being supported in both Quezon City and Ligao City. Group meetings are participatory, aim to build on the strengths and skills of members, and use a combination of structured activities and open discussion.

The research team provided initial training to the peer facilitators, developed a manual to support group activities, and provides ongoing mentoring and support to facilitators and participants through engagement of an experienced researcher and community organiser to coordinate the groups. In addition, as so many of the PAG participants reported personal experiences of violence, PAG activities have also included a specific focus on safety planning and on referral to local services. The members of the research team have provided participants with confidential emotional support, identified accessible services, and provided support for participants to access these, and worked to build participants' capacity to advocate in relation to their rights, including speaking out about violence against women with disabilities.

Preliminary feedback suggests that participants have found the PAGs positive. Participants report increased confidence and knowledge, and have developed and implemented advocacy activities that have including meeting with key stakeholders in local government and with service providers to increase their recognition of the rights of women with disabilities and the need for accessible violence prevention and response services.

Sensitisation workshops

W-DARE has also supported disability sensitisation workshops to increase service providers' awareness of the experiences of women with disabilities, with participants including sexual and reproductive health service providers, violence response service providers, *barangay* officials, and police. These workshops have been co-facilitated by women with different impairments, who are able to ensure discussion of potential service responses is realistic and informed by their experiences. The workshops included provision of support to participants to develop action plans, with participants identifying concrete steps they could take in their own services, facilities and workplaces to increase accessibility for women with disabilities. Participants were encouraged to identify locally available resources, such as each local government's Gender and Development budget, to support these local action plans.

Improving access to services

The project has worked in close collaboration with the Department of Health, the Ligao and Quezon City Health Offices and with *barangays* to improve access to services, including sexual and reproductive health services and violence response services.

The project has also worked to improve access to violence response services by working towards inclusive referral pathways. W-DARE has supported a series of participatory workshops with representatives of the different government agencies involved in responses to violence against women in Quezon City and Ligao City, to look at how national guidelines for referral pathways for women who have experienced violence can be made disability inclusive. These workshops have considered the physical accessibility of local services such as VAW Desks and Women and Children's Protection Units (in relation to buildings, but also equipment, such as examination couches); the ability of personnel to communicate with women with different types of impairments (including women who are Deaf, or who have intellectual disabilities); and the availability of adapted information resources (for example, large print, easy language or pictorial materials). These workshops have generated discussion of how to address other barriers to violence response services experienced by women with disabilities (including transport and financial barriers, and dependence on perpetrators including for housing).

Discussion at the participatory workshops with government agencies has also focused on the question of the type of data that could be collected by services to monitor access and uptake by women with disabilities. VAWG service providers have not been trained to identify disabilities, and existing tools for population use inadequately capture some types of disability (such as psychosocial disability). However, service providers' inquiries about support needs are essential if their efforts to ensure women's safety are to be effective for women with disability. Violence response services do not currently collect information about whether their clients have an impairment and whether they have particular support needs in relation to impairment, which means service providers do not necessarily know what adaptations they may need to make to provide a disability inclusive services. Addressing data disaggregation across services systems is beyond the scope of W-DARE, but the project has contributed to ongoing discussions of how service usage by people with disabilities could be monitored in a meaningful way.

Positive representations of women with disability to address prejudice and discrimination

During participatory analysis of the W-DARE project data, women with disabilities highlighted the over-riding impact of prejudice and discrimination in their lives. Our partners felt that specific efforts to increase demand for, and supply of, high quality health and violence response services were essential, but that they may have limited impact in the wider context of negative community attitudes and active discrimination. Decades of evidence from health promotion and other fields emphasises that supporting community

wide change in attitudes is a huge undertaking, involving multi-faceted activities and longitudinal evaluation.

The time and budget available to the W-DARE team for this particular activity was limited, but all researchers and partners agreed that it was important to at least begin the process of addressing disability-based prejudice and discrimination in the Philippines. Given this is not an issue unique to the Philippines, the team also felt that our initial efforts may catalyse anti-discrimination activities in similar settings in the wider region.

Partners agreed that it was important to raise awareness of the challenges faced by women with disabilities on a day-to-day basis, but that it was also important to ensure positive representations of women with disabilities were widely available. In order to support this we have developed a series of short videos with PAG participants emphasising the strengths and capacities of women with disabilities, for dissemination through social media (which has very high penetration in the Philippines) and potentially television broadcast [5]. Women with disabilities portrayed in the videos, and our project partners, noted that depictions of women with disabilities as strong, capable and as individuals with rights, could challenge negative attitudes and assumptions that women with disabilities were vulnerable, and that their experiences of violence somehow inevitable. The videos portray women with disabilities making important contributions to the community, as workers, students, wives, and mothers. They reinforce women's (often questioned) right to have sexual relationships, and capacity to parent.

Lessons from W-DARE interventions so far

Data to evaluate W-DARE activities are still being collected and analysed. However, our experience implementing these pilot interventions suggests a number of important considerations for researchers, practitioners and policy-makers seeking to increase disability inclusion in responses to violence against women.

Involvement of women with disabilities is central

The active participation of women with disabilities throughout both the initial W-DARE research, as well as during the development, implementation and evaluation of pilot interventions, has been critical. This includes in relation to violence against women with disabilities. Initial interviews with women with disability were conducted by other women with disability, who were trained and supported in their role as co-researchers. Women with disability established robust rapport with interviewees, who shared difficult and private experiences of violence that in some instances they had not shared before. Women with disability were trained as facilitators of the PAGs and co-facilitated all workshops and training delivered to service providers. The involvement of women with disabilities in W-DARE has meant that all efforts to increase demand for and supply of accessible services in

response to violence against women with disabilities have undergone critical scrutiny from women with disabilities themselves. Our partners' lived experience at the intersection of gender-based violence and disability has grounded our pilot interventions in the day-to-day challenges that women with disabilities face, and in particular has emphasised the need to address prejudice and discrimination through all our activities. The expertise and capacity of women with disabilities has had a particularly important impact on service providers. Some of the policy makers, clinicians, *barangay* officials and other participants in the trainings that we have supported noted that they have previously only seen people with disabilities through a deficit-based lens, and certainly had not considered their service through the eyes of a person with disability before. In many cases, engaging with women with disabilities during these capacity building workshops has prompted service providers to reflect on their services, and on their own attitudes and behaviours, and initiate change to promote inclusion.

The unique perspective of women with disabilities is vital to policy makers and practitioners seeking to make services in the violence sector inclusive. In order to draw upon the expertise of women with disabilities, our experience suggests it is important to allocate sufficient resources to ensure that the participation of women with disabilities in operational research, and program design and implementation, is meaningful. This includes quarantining resources to ensure that accessible transport to and from workshop venues is available; that accessible venues, with accessible facilities such as bathrooms, are used; that sign language interpreters are present throughout; that training materials such as handouts and slides are provided to participants with visual impairments ahead of time (and described out loud during workshops); and that plain language is used in all project materials, with jargon avoided or explained.

Close collaboration with government policy and decision makers, who ultimately have the authority to develop and implement inclusive policies and programs to address violence against all women is also vital. W-DARE has worked to ensure evidence generated through the project has been disseminated widely across all levels of government, particularly through the engagement of key stakeholders at the national level, such as the Department of Health, through to those at the local level stakeholders in each *barangay*.

There may be resistance to consideration of intersectional disadvantage

In the context of our project, some activists working in response to gender-based violence initially expressed concern that recognition of the particular experiences of women with disabilities might in some way undermine efforts to tackle gender inequality. Some service providers with considerable expertise in relation to gender and gender-based violence were reluctant to engage with the intersectional complexities of gender and disabilities. Women's rights activists may see 'disability' as outside their core area of responsibility, suggesting that this should be the 'problem' of social welfare departments. The most effective rebuttal

to such a position has come from W-DARE partners, who have been able to remind service providers that having a disability is not their only or defining attribute, and that they are also women with the same rights as all women in the Philippines. This includes the right to equitable access to VAWG services. Our partners have been able to use data generated through W-DARE to emphasise that VAWG against women with disabilities is common, but that women with disabilities experience a range of barriers in reporting violence and accessing justice, and that this is indeed the violence sector's 'problem'.

Particular challenges researching VAWG against women with disabilities

Participants in the initial in-depth interviews we conducted, and in the PAGs, at times reported experiences of violence that were current and where women required immediate support. In any research in relation to violence against women, there is an ethical obligation to provide women with information about and referral to services if this is something that a participant wants. It is also imperative that researchers remain non-judgemental about women's choices in their relationships. Various guidelines are available to researchers in relation to the safe and ethical conduct of research on violence against women, including resources relevant to low-and middle-income countries such as those developed in support of the *WHO Multi-Country Study on Women's Health and Domestic Violence against Women*. However we found that these resources did not provide guidance to researchers responding to the particular situations of women with disabilities.

For example, maintenance of confidentiality is central to guidelines for ethical research on violence. However communication barriers can pose a particular challenge to the conduct of private and confidential interviews or other discussions with women with disabilities, particularly in the case of women who use gestural signs or other tools developed within a family to communicate. This can make it very difficult to interview a woman without a family member or carer (who may well be a perpetrator of violence) present. In such circumstances, an interview may not be appropriate, but there remains an obligation to try to find ways for a woman to privately communicate her experiences if she wishes.

Participants with disabilities and violence service providers highlighted the limitations to usual approaches to safety planning when applied to women with disabilities. Provision of relevant information and referral to violence services is unhelpful if these services are completely inaccessible to women with disabilities. We also found that particular measures are needed to engage with women with psychosocial disability, to ensure that episodic levels of impairment can be accommodated in research and programmatic activities.

Access to justice must be prioritised

Globally, women with disabilities experience barriers to reporting and pursuing justice when they have been subjected to violence. This was also the case for W-DARE participants. Women described instances where they had been discouraged from reporting abuse by

other people, who suggested reporting would be too traumatic or that the women themselves were in part responsible for the abuse. Under-reporting of abuse and dissuading women to pursue justice renders women with disabilities invisible to policymakers and service providers, and has the potential to increase the vulnerability of women with disabilities to violence. Unless women with disabilities are better supported to access justice in relation to violence, the perception that perpetrators are more likely to ‘get away’ with violence against women with disabilities will be reinforced.

To break this cycle, actors in the justice system need support to improve their understanding of violence against women with disabilities and how the system can in turn support women with disabilities to access justice. Examples of strategies to achieve this include provision of sign language interpreters for women who are Deaf or hard of hearing when they are reporting violence; provision of trained social workers, to support women with intellectual disability to navigate the justice system from the time they report abuse through the duration of any subsequent court appearances or trials; and referrals to appropriate and accessible services to support women who have experienced violence, including services that may support women with disabilities to access safe housing, legal advice and financial support. Referrals may also be required to disability-specific services as women with disabilities experiencing violence may also have been denied access to habilitation and rehabilitation services.

Conclusion

The focus of W-DARE is both on increasing access to sexual and reproductive health information and services, and to responses to VAWG, the focus of this article. Our experience would suggest that these two domains are highly intertwined in women’s lives. Violence against women with disabilities significantly undermines their sexual and reproductive health; measures undertaken by others to control women’s fertility, such as forced sterilisation or insertion of contraceptive devices, are forms of violence disproportionately experienced by women with disabilities. In both domains, prejudice and discrimination play a central role in undermining the rights and quality of life of women with disabilities.

Further research, including operational research in relation to interventions, is needed to better understand what disability inclusion in VAWG programmes and policies means to women with different types of impairment; what making VAWG responses disability-inclusive entails, in terms of the resources and skills required; and what the outcomes of these efforts are. Evidence about primary prevention of violence against women with disabilities is sorely lacking (Mikton et al. 2014). While not the focus of W-DARE, it is also clear that little is known about how services provided by the disability sector can be made more responsive to violence and ensure women’s safety (Healey et al. 2013).

Strengthening co-operation and collaboration between the violence sector and the disability sector remains a priority in the Philippines. Work supported by W-DARE has brought key actors in these sectors together, but this needs to be sustained over time. In the conservative social context of the Philippines, struggles for women's safety and sexual and reproductive rights are ongoing, and it is important that the voices of women with disabilities are also heard in these debates. Sustained change towards ensuring national violence policies and programmes are inclusive of women and girls with disabilities depends on this.

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Endnotes

[1] Research undertaken in Australia has identified areas that should be considered in national practice guidelines as a 'minimum standard' for inclusive responses, for example the participation of women with disabilities in policy and program design; workforce development to increase the disability awareness and skills of workers in the violence sector; and recognising disability itself as a risk factor for violence (Healey et al. 2013).

[2] 'deaf' with a small 'd' refers to the audiological condition; 'Deaf' refers to members of the Deaf community, that is people whose social worlds are shaped by deafness and who communicate in sign language.

[3] This aspect of our findings has been written up in an article specifically focusing on these issues (Lee et al. 2015).

[4] It is envisaged that evaluation findings will be available in the second half of 2016. Please contact the corresponding author for further information.

[5] These videos are available for fair use through the corresponding author.

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