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Violence Against Women with Disabilities

by

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Introduction: What do we mean when we talk about violence against women with disabilities? How is it different from violence against women in general? How is it the same? How is it different from violence against people with disabilities in general? How can we protect the right of women with disabilities to freedom from violence?

The International Network of Women with Disabilities (INWWD) undertook a discussion of violence against women with disabilities in 2009-2010, to answer some of these questions from the perspectives and experiences of women with disabilities themselves. The resulting document provides the basis of this Paper. The INWWD was launched in 2008 and is comprised of women from international, regional, national or local organizations, groups or networks of women with disabilities, as well as individual women with disabilities and allied women.¹ The mission of the INWWD is to enable women with disabilities to share their knowledge and experience, enhance their capacity to speak up for their rights, empower themselves to bring about positive change and inclusion in their communities, and promote their involvement in politics at all levels – to create a more just and fair world that acknowledges disability and gender, justice, and human rights.

The aim of this Paper is to educate people about the violence experienced by women with disabilities, to make recommendations about what can be done by a variety of stakeholders to end violence against women with disabilities, to motivate agencies dealing with violence against women to include prevention of violence against women with disabilities in their work, and to empower women with disabilities to protect themselves against violence.

Violence against women is a crime and a human rights violation that occurs, often repeatedly, in the lives of a great number of women around the world. Although the forms of violence experienced may differ depending on culture or socioeconomic standing, there are aspects of that violence that are universal. Gender-based violence is rooted in the lack of equality between men and women and such violence frequently takes place at home, within the family circle. Societal tolerance for gender-based

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violence and the privacy of the act of violence when it takes place within the home can make it invisible or difficult to detect.

Although women with disabilities experience the same forms of violence experienced by all other women, some forms of violence against women with disabilities have not been visible as gender-based violence because of heightened discrimination based on disability. But, the incidence of maltreatment and abuse of women with disabilities far exceeds that of women without disabilities.² Further, the available data, though scarce, also shows that there is a higher rate of violence against women with disabilities than against men with disabilities.³ Violence against women and girls with disabilities is not just a subset of gender-based violence: it is an intersectional category dealing with gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities.⁴

The Nature, Form and Prevalence of Violence Against Women with Disabilities:
The United Nations *Declaration on the Elimination of Violence against Women* (December 20, 1993) defines violence against women as follows:

“Article 1: The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 2: Violence against women shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.”⁵

² Iglesias, M. (1998). *Violence and women with disability*. Vedras, Spain: AIES; The Swedish Research Institute for Disability Policy, HANDU AB. (2007). Men’s violence against women with disabilities. *Synskadades Riksförbund, The Report Series, 2007*(1). Retrieved February 10, 2011, from <http://www.wwda.org.au/swedishstudy1.pdf>

³ Department of Justice, Office of Justice Programs. (2009). *Crime Against People with Disabilities, 2007*. Bureau of Justice Statistics, Special Report. Retrieved February 10, 2011, from <http://bjs.ojp.usdoj.gov/content/pub/pdf/capd07.pdf>

⁴ Frohmader, C. (1998). *Violence against women with disabilities, A report from the National Women with Disabilities and Violence Workshop*. Canberra: Women With Disabilities Australia (WWDA).

⁵ United Nations General Assembly. (1993). *Declaration on the Elimination of Violence against Women* [A/RES/48/104]. Retrieved March 26, 2011, from <http://www.un.org/documents/ga/res/48/a48r104.htm>

As seen in the Declaration, gender-based violence includes a wide range of abusive actions, including genital mutilation, physical and emotional abuse, and economic exploitation. According to the World Organisation Against Torture, rape and sexual abuse, genital mutilation, incest, forced abortion, honour killings, dowry-related violence, forced marriages, human trafficking and forced prostitution should all be considered forms of torture.⁶

In addition, studies show that persons with disabilities are victims of abuse on a far greater scale than persons without disabilities.⁷ One factor behind the increased incidence of violence against persons with disabilities is the stigma associated with disability. Persons with disabilities often are considered by society to be “not completely human and of less value.... The absence of representations of their identity favours the perception that one can abuse them without remorse or conscience.”⁸ Some societies may believe that the disability is a punishment from god or that the disability may be infectious to other people. Other societies may see a person with a disability as an object for charity or pity, rather than as a person deserving equal rights.

The medical context is a particular source of abuses practiced against persons with disabilities.^{9,10} According to the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, one of the purposes of the definition of torture is “for reasons based on discrimination of any kind”, noting that acts of serious discrimination and violence against persons with disabilities can be masked by the “good intentions” of medical professionals. Medical treatments of an intrusive and irreversible nature, enforced or administered without the free and informed consent of the person concerned, that are aimed at correcting or alleviating a disability or that lack a therapeutic purpose, may constitute torture or ill-treatment of persons with disabilities.¹¹ These kinds of actions include: forced abortion and sterilization, forced psychiatric interventions, involuntary commitment to institutions, and forced or “unmodified” electroshock (electro-convulsive therapy or ECT).¹² Deprivation of the legal capacity to make one’s own decisions facilitates coerced treatments and violence of all kinds, and may constitute

⁶ World Organisation Against Torture. (2010). Violence against women. Retrieved February 10, 2011, from <http://www.omct.org/index.php?id=EQL&lang=eng>

⁷ European Disability Forum. (1999). *Report on violence and discrimination against disabled people* [Doc EDF 99/5 EN]. Retrieved February 10, 2011, from <http://cms.horus.be/files/99909/MediaArchive/EDF%2099-5-violence%20and%20discr-EN.pdf>

⁸ Iglesias, M. (2004). The nature of violence against disabled people. Retrieved February 10, 2011, from <http://www.nda.ie/cntmgmtnew.nsf/0/BE967D49F3E2CD488025707B004C4016?OpenDocument>

⁹ Young, M., Nosek, M., Howland, C., Chanpong, G., & Rintala, D. (1997). Prevalence of abuse of women with physical disabilities. *Archives of Physical Medicine and Rehabilitation*, 78(Supplement), S34–8.

¹⁰ Interim report of the Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment. (2008). UN Doc. A/63/175. Retrieved February 10, 2011, from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/440/75/PDF/N0844075.pdf?OpenElement>

¹¹ *Ibid.*

¹² See also Minkowitz, T. (2007). The UN CRPD and the Right to be free from nonconsensual psychiatric interventions, *Syracuse Journal of International Law and Commerce*, 32(2), 405-428; and related documents and presentations on forced psychiatric interventions as torture available at <http://www.chrusp.org/home/resources>

torture and ill-treatment in itself, as it can amount to a denial of full personhood.¹³ Such a profound form of discrimination can cause severe suffering.

In a speech given at the United Nations entitled “Freedom from Torture or Cruel, Inhuman and Degrading Treatment or Punishment”, Kate Millett (author of “Sexual Politics” and “The Politics of Cruelty”) declared:

“For people with disabilities this means freedom from Forced Treatment and Confinement. Freedom from Force and Coercion. Overwhelming and gigantic power. The power of an entire civilization massed against one lone individual. Every phone and lock and guard and drug.

...

Everything conspires to make you completely alone and terrified. Malleable. These are the conditions of torture. You don’t know what’s coming next. You don’t know how long this will last. ‘No one will ever know’ – a voice intones. No one will ever believe you.”¹⁴

The Intersection between Disability and Gender-Based Violence: In a Canadian study where questionnaires were sent out to 245 women with disabilities, 40 percent of those who responded reported that they had experienced abuse and 12 percent had been raped. However, less than half of these incidents were reported.¹⁵ Another study conducted in the United States on the prevalence of abuse of women with physical disabilities found that 25 of 31 women with disabilities who were interviewed reported abuse of some kind (emotional, sexual or physical).¹⁶ Research on domestic violence and women with disabilities also shows that women with disabilities experience a wider range of violence by personal attendants (emotional, physical and sexual abuse) and by health care providers (emotional and sexual abuse), as well as higher rates of emotional abuse both by strangers and other family members.^{17,18,19}

¹³ Office of the United Nations High Commissioner for Human Rights. (2007). *Expert seminar on freedom from torture and persons with disabilities*. Retrieved February 10, 2011 from <http://www2.ohchr.org/english/issues/disability/documents.htm>

¹⁴ Millett, K. (2005). Freedom from torture or cruel, inhuman and degrading treatment or punishment. Retrieved February 10, 2011, from <http://www.mindfreedom.org/kb/mental-health-global/millett-freedom-from-torture>

¹⁵ Ridington, J. (1989). *Beating the Odds: Violence and Women With Disabilities*. Vancouver, Canada: DisAbled Women's Network (DAWN).

¹⁶ Young et al., op. cit.

¹⁷ *Ibid.*

¹⁸ Nixon, J. (2009). Domestic violence and women with disabilities: locating the issue on the periphery of social movements. *Disability & Society*, 24(1), 77 – 89.

¹⁹ Frohmader, 1998, and Strahan, F. (1997). More than just a ramp - A guide for women's refuges to develop Disability Discrimination Act Action Plans; Prepared for Women With Disabilities Australia (WWDA), Canberra *as cited in* Women With Disabilities Australia. (2004). Submission to the South Australian Government's Discussion Paper: "Valuing South Australia's Women: Towards A Women's Safety Strategy For South Australia." Canberra: WWDA. Retrieved February 13, 2011, from <http://www.wwda.org.au/saviolsub.htm#three>

The personal account of a 38 year old woman with spina bifida who described sexual abuse by her husband that lasted six years, demonstrates one story of the emotional, sexual and physical abuse that women with disabilities can experience by their own family and caregivers: “My husband would get angry when I refused to have sex and he would continue to yell at me and grab me until I just gave in to shut him up. He would exert control over me by preventing me from leaving rooms, throwing or breaking my crutches. Once he cut my clothes off me while I slept. We sought individual counselling and things are much better now as we both understand the origin of these issues.”²⁰

Violence against women with disabilities is part of the larger issue of violence against persons with disabilities in general and includes violence accomplished by physical force, legal compulsion, economic coercion, intimidation, psychological manipulation, deception, and misinformation, and in which the absence of free and informed consent is a key analytical component. Violence may include omissions, such as deliberate neglect or lack of respect, as well as overt acts that harm a person's physical or mental integrity. In addition to the overt acts of gender-based violence described above, there are more subtle ones which stem from attitudinal discrimination against persons with disabilities.

Indeed, women with disabilities experience forms of abuse that women without disabilities do not.²¹ Further, the nature and forms of violence against women with disabilities, and particularly against women with psychosocial disabilities and intellectual disabilities, are likely to be ignored in studies of violence against women.

In addition to the forms of violence experienced by women in general, the following actions and attitudes constitute violence against women with disabilities: forced isolation, confinement, and being hidden in the family home; forced and coerced administration of psychotropic drugs or putting drugs in the food; forced and coerced institutionalization; restraint and isolation in institutions; creating pretextual situations to make the woman appear violent or incompetent in order to justify institutionalization and deprivation of legal capacity; labelling anger and self-assertion by women as behavior that is “mentally ill and dangerous” (especially if the woman has been previously institutionalized); denial of necessities and purposeful neglect; withholding mobility aids, communication equipment, or medication that the woman uses voluntarily; threats to neglect or kill support or assistive animals; being left in physical discomfort or in embarrassing situations for long periods of time; threats of abandonment by caregivers; violations of privacy; rape and sexual abuse by staff and other inmates/residents of institutions; restraint, strip searches, and solitary confinement that replicate the trauma of rape; forced abortion; and, forced sterilization.

Some forms of violence against women with disabilities are not immediately visible as violence because they are legal and accepted in society. This is particularly true of forced psychiatric interventions and institutionalization.²² These acts of violence are

²⁰ Young, et al., op. cit., p. 34.

²¹ Nixon, op. cit.

²² “Interim report of the Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment,” op. cit. (See paragraphs 40, 41, 44, 47-50, 61-65).

done under the legal authority of the state in pursuance of wrong and discriminatory state policy, and there is no possibility of redress, emphasizing the message that all violence conveys to the victim -- that she is powerless.²³

Relative to men with disabilities, women with disabilities often have less access to qualified medical care and rehabilitation; are provided with less expensive medications, assistive devices and other treatments; and, have less access to social supports, higher education and opportunities for employment. A consequence of this inequity is that women with disabilities are deprived of their right to social inclusion and are often forced to live in poverty.^{24,25,26}

The lack of sensitivity, adequate training of health care personnel or reasonable accommodation in women's health care can lead to serious and fatal results, as demonstrated by the account of a 30 year old woman who could not communicate with her nurses effectively while trying to give birth. She was not aware that she was having twins and stopped pushing after the birth of the first child. She stated that: "[The nurse] was very rude to me, and she didn't know sign language. She couldn't even tell me to push. She wasn't guiding me. One of my children died."²⁷

Women with disabilities also report experiencing abuse of longer duration and feeling as though they had fewer alternatives for escaping or ending the abuse.²⁸ While women with disabilities share the barriers that any other woman has to face to escape or end violence (emotional and financial dependency on the abuser, unwillingness to be stigmatised, worries about being a single parent or fear of losing contact with children, concerns that they will not be believed or helped when they disclose abuse, reluctance to take any action that will escalate the violence), women with disabilities face additional barriers.²⁹ For example, the lack of communication in accessible formats makes it more difficult for women with disabilities to get information about available services and more difficult to make contact with shelters or other services that may be available to intervene on their behalf. In addition, service personnel do not have the skills or facilities—such as

²³ Minkowitz, T. (2010). Abolishing mental health laws to comply with the Convention on the Rights of Persons with Disabilities. In B. McSherry and P. Weller (Eds.), *Rethinking Mental Health Laws*. Oxford: Hart Publishing.

²⁴ Statistics Canada. (2006). Women in Canada: a gender-based statistical report (5th Ed.). Retrieved April 25, 2009, from <http://www.statcan.gc.ca/pub/89-503-x/89-503-x2005001-eng.pdf>

²⁵ Waldrop, J., & Stern, S. (2003). Disability status: 2000. Census 2000 Brief. Retrieved April 25, 2009, from <http://www.census.gov/prod/2003pubs/c2kbr-17.pdf>.

²⁶ Eide, A.H., & Kamaleri, Y. (2009, January). *Living Condition among People with Disabilities in Mozambique: a National Representative Study*. SINTEF Health Research.

²⁷ Barriga, S.R., & Kwon, S.R. (2010). As if we weren't human: Discrimination and violence against women with disabilities in Northern Uganda. Human Rights Watch. Retrieved February 10, 2011, from <http://www.hrw.org/node/92611>

²⁸ Saxton, M., Curry, M.A., Powers, L., Maley, S., Eckels, K., & Gross, J. (2001). Bring my scooter so I can leave you: A study of disabled women handling abuse by personal assistance providers. *Violence Against Women*, 7(4), 393-417.

²⁹ Women With Disabilities Australia. (2004). Submission to the South Australian Government's Discussion Paper: "Valuing South Australia's Women: Towards A Women's Safety Strategy For South Australia." Canberra: WWDA. Retrieved February 13, 2011, from <http://www.wwda.org.au/saviolsub.htm#three>

sign language interpreters and materials in Braille -- to communicate with women with visual and hearing disabilities. And the inaccessibility of transportation is an obstacle that prevents women from using services and/or escaping abuse.^{30,31,32}

Unique Risk Factors for Violence Against Women with Disabilities: Conditions resulting from the disability itself, coupled with attitudes toward women in patriarchal societies, put women with disabilities at increased risk for violence. Many women with disabilities see themselves as victims of maltreatment and abuse, while society ignores the problem. However, some women with disabilities may not see themselves as victims of violence because they consider their situations habitual and associated with disability. In some situations, society refuses to recognize that certain acts constitute violence, and the women who experience them may or may not consider themselves to be victims. This is particularly true with respect to acts authorized under domestic law, such as forced psychiatric interventions with mind-altering drugs, electroshock or psychosurgery, institutionalization, restraints and isolation, which are practiced primarily on women with psychosocial disabilities.^{33,34}

Women with disabilities may also have less access to information about how to protect themselves against violence and rape. Women with disabilities are often physically less capable of defending themselves. Perpetrators are more likely to believe that their actions will not be discovered, and women with disabilities are often not perceived to be credible reporters.³⁵ Women with disabilities often are more dependent on other people for care, physically and/or financially.³⁶ Under such circumstances, women may fear reporting abuse as it could result in the breaking of bonds and the loss of care they may require. In some circumstances, the lack of accessible forms of communication is an impediment to reporting maltreatment. Women with disabilities often fear being institutionalized if they take any action that may escalate the violence or if they leave their homes.

Women with disabilities are at greater risk of exposure to violence as a result of living in institutions, residences and hospitals and have less credibility when reporting violence occurring in institutions. There is little possibility of effective self-defense when some forms of violence (such as forced institutionalization, solitary confinement and restraint, forced drugging and electroshock, forced abortion and sterilization) are

³⁰ Saxton, et. al., op. cit.

³¹ Young, et. al., op. cit.

³² Traustadottir, R. (1990). *Women with Disabilities: The Double Discrimination*. Syracuse, NY: Center on Human Policy, as cited in Waxman Fiduccia, B.F., & Wolfe, L.R. (1999). *Violence against disabled women*. Center for Women Policy Studies. Retrieved March 25, 2011, from <http://www.centerwomenpolicy.org/pdfs/VAW5.pdf>

³³ Burstow, B. (2006). Electroshock as a form of violence against women. *Violence Against Women*, 12(4), 372-392.

³⁴ Burstow, B. (2006). Understanding and ending ECT: A feminist perspective. *Canadian Woman Studies*, 25(1,2), 115-123.

³⁵ Women with Disabilities Australia (2004), op. cit.

³⁶ *Ibid.*

legal in many countries.³⁷ The long-lasting effects of electroshock and some psychiatric drugs can also impair a woman's ability to defend herself against any form of violence and abuse.

A woman with a disability may experience lower self-esteem when she is not seen as a woman but only as a person with a disability, or even worse – only as her disability. The lack of opportunities to fill traditional roles usually available to women (such as motherhood) can also contribute to her sense of being devalued by society. There is an additional threat to her credibility when professionals fail to recognize that women with disabilities have sexual and intimate relationships or fail to understand and identify a situation as a form of abuse – instead shifting the focus to the woman's disability and thereby obscuring or even ignoring the fact that the woman was abused.

The denial of a woman's human rights alone results in the experience of powerlessness. In spite of the severity of the discrimination, the strength of the societal prejudice against women with disabilities, and the evidence of their own experiences, violence against women with disabilities is not recognized and several factors contribute to this invisibility.³⁸ For example, there is a lack of a broad definition of violence which embodies all forms of violence against women with disabilities – and some forms of violence against women with disabilities are permitted by law and carried out under the authority of the state. Professionals, relatives, friends, and others are unable to discern circumstances resulting from violence against women with disabilities because of the misperception that the circumstances are “inherent” to the disability. In addition, researchers and policy makers rarely identify situations, such as physical abandonment or psychological cruelty, as maltreatment. Further, if an intervention is made in a situation where the violence was perpetrated by a personal assistant, a family member or a friend, the incident is often addressed only by the social service system and is rarely considered to be a crime that should be addressed by the police and/or the criminal justice system. There is a lack of credibility accorded to women who require assistive communication or reasonable accommodation in communication and to women who have already been labelled with a psychiatric diagnosis or an intellectual disability. Finally, it is difficult for a progressive society to admit that a woman with a disability has been the object of violence or abuse.³⁹

When measures are taken to end violence against people with disabilities, targeting “people” with disabilities without recognizing that there are unique issues for women with disabilities, this contributes to a gender-neutral concept of disability that ignores women with disabilities, renders their needs invisible, and contributes to their isolation. Given that violence against women with disabilities is hidden and ignored already, this “gender-neutral” approach increases their risk of exposure to violence.

³⁷ “Interim report of the Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment,” op. cit.

³⁸ See for example, Andrews, A.B., & Veronen, L.J. (1993). Sexual assault and people with disabilities. *Journal of Social Work and Human Sexuality*, 8, 137-159 as cited in *Women With Disabilities Australia*, 2004.

³⁹ Girls, older women, and indigenous women with disabilities face additional barriers and violence as a result of even more complex intersectional forms of discrimination that are beyond the scope of this paper.

Recommendations: As documented in the sections above, violence against women with disabilities is a pervasive human rights violation that manifests itself in several different forms, resulting in significant physical and emotional harm. Such violence can be perpetrated intentionally as well as through systemic and societal practices thought to be “well-intentioned.” A broad range of stakeholders have important roles to play in ensuring the rights of women with disabilities to be free from violence. These stakeholders include: national and local governments, the United Nations (particularly UNWomen and the UN Population Fund), service providers, donors and civil society (including women’s organizations, human rights groups, HIV organizations, and disabled persons’ organizations).

Given the serious and pervasive nature of violence against women with disabilities, these stakeholders can and should undertake a broad range of actions and initiatives to ensure that women with disabilities do not become victims of violence and that provide them with empowering, accessible, and safe means of recourse in the event of violence. This Paper offers important recommendations for a variety of groups of stakeholders. Some of the recommendations cut across all of the above mentioned stakeholders and should be incorporated within all actions and measures that seek to protect women against abuse and violence. Some recommendations are primarily directed at governmental bodies and some are intended to inform and guide the actions of advocates.

Cross-cutting recommendations: It is essential for any stakeholders providing programs and resources for women with disabilities to recognize the heterogeneity of disability and ensure that women with all types of experiences of disability are included in all measures concerning women with disabilities, and that such measures are of equal value to all women with disabilities. It is critically important that women with disabilities be included in mainstream endeavours initiated by governments, human rights organizations, development partners, and civil society to address violence against all women.

Stakeholders must ensure that women with disabilities can physically access programs and services, by taking measures to provide access to transportation or support, to provide sign language interpretation, and to take any other necessary actions to ensure that such programs do not exclude any woman on the basis of her disability (including psychosocial and intellectual disabilities). Stakeholders at all levels should take measures to fight stigma, discrimination and all forms of violence against women and girls with disabilities, through awareness campaigns and community discussions, for example. It is important for all stakeholders and service providers to be cognizant of the need for multiple formats for communication and they should disseminate information in formats that are accessible to people with learning and sensory disabilities (through Braille, sign language, and easily understood language, for example).

Recommendations for National and Local Governments:

Adopt laws and policies recognizing that all actions that violate the right to bodily integrity of women with disabilities are illegal, including psychiatric assault and forced institutionalization, and that these should be considered acts of violence.

Actively include diverse women with disabilities in developing and implementing programs, policies and protocols for service providers, law enforcement officers, and other personnel who work with women with disabilities.

Recommendations for Governmental Bodies, International Donors, and Development Practitioners:

Ensure that all research, actions, and advocacy related to violence against women with disabilities incorporates the forms of violence identified by women with psychosocial disabilities, including psychiatric assault, and fully investigates their experiences.

Ensure that women with disabilities can retain their legal capacity and freedom.

In partnership with disabled persons' organizations and other community based organizations, educate parents, partners, nurses, caregivers and other health care service providers to deal respectfully with women with disabilities and offer quality care when their help is required.

Train communities on how to include and communicate with people with different types of disabilities to avoid isolation of women and girls with disabilities.

Recommendations for Local Authorities, National Human Rights Commissions and Bodies, Humanitarian Aid Workers, UN Bodies, Direct Service Providers, and Non-governmental organizations (NGOs):

Create accessible channels for distributing information, consulting, and reporting about all forms of violence against women and girls with disabilities.

Collect data on the number of women with disabilities who access services and programs for preventing violence against women and serving victims of such violence and use this data to develop more inclusive initiatives.

Investigate the causes of all forms of violence against women with disabilities and specifically the needs of girls, elderly women, single women, indigenous women and women who live in rural areas with regard to the isolation and victimization that can contribute to violence in such circumstances.

Educate women and girls with disabilities about their human rights.

Provide women and girls with disabilities with information and counselling on sexual and reproductive health issues.

Recommendations for Disabled Persons' Organizations, Community Based Organizations and other Members of Civil Society:

Develop advocacy, information, and support services for women and girls with disabilities who are survivors of all forms of violence.

Train women with disabilities to organize and manage support services efficiently, to develop skills and abilities for economic self-sufficiency, and to use technological aids that that lead to greater independence.

Conclusion: Violence against women with disabilities shares common characteristics with violence against women in general, but has unique dimensions as well. Violence against women with disabilities is often an act that is perpetrated against what is perceived to be a "faulty being" and is a demonstration of a socially acceptable form of

power and control over a woman's body and mind. Lack of respect for their personhood and discrimination against persons on the basis of their physical or mental disabilities is an act of violence in itself, and generates intense frustration in the person who experiences the discrimination. When we factor in discrimination on the grounds of gender, the extent of discrimination and violence perpetrated against women with disabilities is unacceptable and intolerable. It is incumbent on a progressive society to do everything in its power to put an end to it.