Desk Review and Base-Line Study of Gender-based Violence Against Women with Disabilities in Imo State

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Executive Summary

Centre for the Right to Health (CRH) conducted a baseline study on gender-based violence against women with disabilities in Imo State. This study assessed the views, opinions, and perceptions of women with disabilities on gender-based violence as it affects them. This study is a buildup of a Project which is aimed at deconstructing fundamental factors, including the sociocultural and religious intersectionalities that promote gender-based violence in Imo State.

The baseline study was preceded by a desk review of gender-based violence against women with disabilities. The study reached out to both women with disabilities and other individuals, whose roles interplay in their everyday life. These includes traditional, religious, and community leaders, mandated government structures, and Civil Society Organizations (CSOs). Following anecdotal evidence, the Covid-19 warranted sit-at-home revealed that gender-based violence was nearly an epidemic in Imo State.

Supported by the Ford Foundation, CRH is implementing a project aimed at building the capacity of disability and women's rights organizations and engage cultural and religious leaders to prevent GBV against WWD in Imo State. The project covers nine local government areas across three senatorial zones to ensure both rural and urban representation.

Women with disabilities (WWD) are doubly affected by gender-based violence (GBV) due to intersectionalities and multiple layers of vulnerabilities including religion, culture, access to education, economic securities, limited access to social facilities among many others. Yet, many GBV programs in Nigeria do not prioritize prevention of GBV among women with disabilities. Many women Organizations who champion GBV programs are often ill equipped to understand and respond to GBV prevention among WWDs. Organizations of persons with disabilities also experience limitations due to the limited understanding of the multiplicity of factors that fuel their disabilities. Despite these challenges, GBV programs in Nigeria often fail to prioritize WWD, and organizations addressing GBV typically lack the capacity to respond effectively to their needs.

Patriarchal norms, promoted by cultural and religious value system significantly contribute to GBV among Women including those with disabilities. Yet there are limited advocacy efforts to equip them to understand the intersectional marginalization that contribute to higher incidences of GBV among WWD. The physical and sexual abuse of women with disabilities is perceived by them as both gendered oppression and debilitating violence. The higher prevalence of GBV among women and girls with disability can be explained and better addressed within the framework of intersectionality. Intersectionality is the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group as creating overlapping and interdependent systems of discrimination or disadvantage. It is used to understand women's experiences at the intersection of a number of simultaneous oppressions including but not limited to race, class, caste, gender, ethnicity, sexuality, ability, nationality, geography, diseases status, religion, education, etc. An intersectional approach to GBV includes a

consideration of where gender intersects with other inequalities, oppressions such as sexuality, gender identity, ethnicity, disability to produce a unique experience of violence.

Gender-based violence (GBV) against women is a global issue that transcends all boundaries in terms of culture, geography, religion, social class, and economic status. World Health Organization (WHO) estimates that about 35% of women worldwide have reported experiencing either physical or sexual partner violence or non-partner sexual violence. According to National Demographic and Health Survey, 2018 (NDHS, 2018), 31% of Nigerian women aged 15-49 have experienced physical violence and 9% sexual violence. 55% of women who have experienced physical or sexual violence have never sought help to stop the violence; only about 32% sought help.

According to data from the National Demographic and Health Survey (NDHS) conducted in 2018, 28% of Nigerian women aged 15-49 have experienced physical violence, and 7% have experienced sexual violence. However, these numbers are likely underestimations due to under-reporting and stigma associated with GBV.

Nigeria has taken steps to address GBV, including enacting laws such as the Violence Against Persons Prohibition (VAPP) Act and the Child Rights Act. However, challenges remain in implementing these laws effectively, providing support services for survivors, and changing societal attitudes towards GBV.

This report, therefore, unveils the lived experiences of women with disabilities, highlighting their struggles with gender-based violence as a major factor which enhances their vulnerability in the society.

This study was conducted in Imo State, Southeast Nigeria. Data from the National Population Commission (NPC) and National Bureau of Statistics (NBS) reveals that estimated population of Imo State was put at 5,459,300 as at 2022, while the population density varies from 230–1,400 people per square kilometre, with a total land mass of **5,135 km²**. To ensure the representativeness of the study, data collection was spread across the 3 zones. Of the 27 Local Government Areas (LGA) in Imo State, the study was conducted in 9 of them, 3 in each of the 3 senatorial zones, representing 44.4% of the total LGAs in the State.

Sampling Method

The study adopted a simple random sampling technique which is a reliable approach to collect information from the target population of the study being represented across the three senatorial districts of the Imo State and respondent being selected by chance.

The study adopted a purposive selection of respondents. Using this approach, respondents were selected using discretion of the researchers and CRH and understanding of the target audience and judging from their years of experience and expertise working with and for the target population. For this study, only persons ranking high within the gender issues or an organization supporting WWD with appreciable requisite years of experience and expertise were selected for the study.

This study equally adopted snowball sampling method to ensure that subjects are traced in senatorial zones and LGAs. This is because the researchers and CRH are not familiar with enough study subjects in-line with the study design. Also, considering the difficult to reach members of the target population, this method assisted in identifying and recruiting subjects who are hidden from the surface.

A total of 12 Enumerators were recruited and trained for the study. The data collection methods were Focused Group Discussions (FGDs) and Key Informant Interviews (KII). A total of 12 FGDs were conducted with Women with Disabilities (6), Women without disabilities (1), men without disabilities (1), mandate Ministries, Department and Agencies of the government (1), Civil Society Organizations (CSOs) (1), and religious groups (1). Also, a total of 35 KIIs were conducted; KII with 9 Chairmen of LGA Councils of Traditional Leaders, KII with 12 Leaders of religious groups across the 9 LGAs, KII with 12 WWD who have experienced GBV, and KII with a representative each from, Social Welfare Services, Ministry Women and Gender Services, FIDA, CSOs, and any other group.

Study Instrument, data collection and analysis

An unstructured interview guide (set of questions) for Key Informant Interviews (KII) and Focused Group Discussions (FGD) was designed to capture all aspects of the research questions. The tool was validated by experts and piloted to ensure that measurement errors were reduced to the barest minimum. The interview sessions were conducted and recorded using an MP3 recorder. The interview recordings were transcribed for analysis. Manual coding method was used to conduct thematic analysis. This work adopted the grounded theory approach.

Also, a deductive coding approach was adopted whereby coding was commenced with pre-defined set of codes, and these codes were assigned to the new qualitative data. Since the study is making use of pre-defined themes, the themes to be analysed were already known. This is known as concept-driving coding. Content analysis was further carried out to provide further understanding of the themes.

Findings:

- WWD experience various forms of GBV, including physical, sexual, psychological, financial, and socio-cultural violence.
- GBV against WWD is perpetuated by cultural norms, religious beliefs, societal values, poverty, lack of education, and drug addiction.
- Men are commonly the perpetrators, but caregivers, communities, and even fellow women also contribute to GBV.

Challenges:

- Awareness and enforcement of protective laws like the Violence Against Persons (Prohibition) Act and the Discrimination Against Persons with Disability Prohibition Act are inconsistent.
- Reporting structures and support systems for GBV are weak or non-existent in many communities, making it difficult for WWD to seek justice.

Areas for Future Research

This study is limited in scope, it is a qualitative study. Future research studies should adopt mixed research approaches (qualitative and quantitative) to determine other factors such as prevalence of women with disabilities in the Local Government Areas in Imo State, prevalence of GBV against WWD, prevalence of the typologies and forms of GBV against WWD, perception of GBV from the viewpoint of perpetrators, among other issues.

Recommendations:

- The report suggests increased advocacy, capacity building, and inclusive programming to address the unique needs of WWD.
- It calls for improved legal frameworks, better reporting mechanisms, and community engagement to combat GBV against WWD.
- The legal instruments already deployed (The Discrimination Against Persons with Disabilities (Prohibition) Act (2018), and the Violence Against Persons (Prohibition) Act (VAPP Act)) be made justiciable through capacity building of the members of judiciary, social workers, as well as the law enforcement agencies.
- Providing adequate information and education to all stakeholders including women with disabilities to create awareness and sensitization on the prevention of gender-based violence across institutions and communities.
- Strategic empowerment of women with disabilities is critical to lift them above vulnerability to abuses. This includes educational and socioeconomic empowerment.
- Instituting community and religious structures to monitor gender-based violence will be key to entrenching a culture that protects persons with disabilities.

Conclusion:

GBV has profound and lasting effects on WWD, including lifelong stigma, discrimination, economic deprivation, and increased vulnerability to further violence. The report highlights the urgent need for targeted interventions to address GBV against WWD, emphasizing the importance of understanding and addressing the intersectionalities that contribute to their vulnerability. It advocates for comprehensive and inclusive approaches to ensure the safety and well-being of WWD in Imo State.

Chapter One

1.0 Introduction

Women with disabilities (WWD) are doubly affected by gender-based violence (GBV) due to intersectionalities and multiple layers of vulnerabilities including religion, culture, access to education, economic securities, limited access to social facilities among many others. Yet, many GBV programs in Nigeria do not prioritize prevention of GBV among women with disabilities. Many women Organizations who champion GBV programs are often ill equipped to understand and respond to GBV prevention among WWDs. Organizations of persons with disabilities also experience limitations due to the limited understanding of the multiplicity of factors that fuel their disabilities.

Patriarchal norms promoted by cultural and religious value system significantly contribute to GBV among Women including those with disabilities. Yet there are limited advocacy efforts to equip them to understand the inter sectional marginalization that contribute to higher incidences of GBV among WWD. CRH with support from the Ford Foundation is implementing a project to “build capacity of disability and women’s rights Organization and engaging cultural and religious gatekeepers to prevent gender-based Violence (GBV) Against Women with Disabilities (WWD) in Imo State”. This project will be executed in nine local government areas from the three senatorial zones ensuring both rural and urban spread.

The physical and sexual abuse of women with disabilities is perceived by them as both gendered oppression and debilitating violence. The higher prevalence of GBV among women and girls with disability can be explained and better addressed within the framework of intersectionality. Intersectionality is the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group as creating overlapping and interdependent systems of discrimination or disadvantage. It is used to understand women’s experiences at the intersection of a number of simultaneous oppression including but not limited to race, class, caste, gender, ethnicity, sexuality, ability, nationality, geography, diseases status, religion, education, etc. An inter sectional approach to GBV includes a consideration of where gender intersects with other inequalities, oppressions such as

sexuality, gender identity, ethnicity, disability to produce a unique experience of violence.

Women and girls with disability suffer multiple intersecting vulnerabilities or disadvantages due to their gender, disabilities and sociocultural structures that undermine their development and predispose them to experience higher incidence of GBV compared to women without disabilities. While women in Nigeria are predisposed to GBV due to gendered oppressive patriarchy that is sanctioned and promoted by cultural and religious norms, women with disabilities face the same norms and other situations unique to their disabilities or societal responses to their disabilities. Many women with disabilities are perceived to be of less value, a burden to endure or worse still a curse to be ashamed of.

Many women and girls with disability in Nigeria face social, cultural, and economic barriers that make it more challenging for them to participate in communal life. The global literacy rate is as low as one per cent for women with disabilities, according to a UNDP study. They also have limited opportunity for economic security and are likely to be dependent on potential abusers. Many live in social isolation due to limited mobility and restricted access to basic social services. Unable to make friends outside of their disability community, many are dependent on their care providers, assistants or support persons who are often also their abusers. Owing to physical and communication limitations, women with disabilities are less likely to fully assess risk in their environment, flee from abusers, or report their abusers. Often, they are seen as asexual or sexually undesirable, so their experiences of sexual violence are often disbelieved. While some men may have sex with them clandestinely, they may be reluctant to date them and meet their needs for love and support. Many are financially abused and taken advantage of by their partners who make them believe they are doing them a favor by being with them, often this includes physical violence, devaluing and emotional abuse. Sometimes women with disabilities are sexually abused as sexual fetish or for rituals. They are also less likely to secure justice or the support they need post abuse. Many do not report because their abuser is a family member or care giver and they fear further stigmatization, more violence or being abandoned. The lack of or difficulty in

securing justice and support discourages other women and girls with disability who had experienced GBV from reporting such abuses. This further hides the visibility of this scourge, fueling a culture of silence that diminishes appreciation of the magnitude of the problem and the urgent need to address it from a unique praxis.

1.1 Purpose of Baseline Report

Centre for the Right to Health (CRH) seeks to contribute towards addressing the issues around gender-based violence especially, against women with disabilities. Following anecdotal evidence, the Covid-19 warranted sit-at-home revealed that gender-based violence was nearly an epidemic in Imo State.

Meanwhile, most GBV programs in Nigeria carried out by women's rights organizations tend to not prioritize women with disabilities and their intersecting multiple vulnerabilities. The unique needs of WWDs are often lost in general programming. This could be due to a lack of understanding about intersectionality in relation to GBV and WWD. Inclusive programming is a recent push by policy makers and funders. Many programmers shy away from including persons with disability either due to a lack of skills and or the high expenses associated with inclusive programming to accommodate the varied needs of persons with varying disabilities. There are however a few efforts focused on surveys to access the prevalence of GBV among WWD or to secure access to Justice for WWD.

This baseline study assessed the views, opinions, and perceptions of women with disabilities on gender-based violence as it affects them. This study is a buildup of a Project which is aimed at deconstructing fundamental factors, including the sociocultural and religious intersectionalities to promote gender-based violence in Imo State. The baseline study, reached out to both women with disabilities and other individuals, whose roles interplay in their everyday life. These includes: traditional, religious, and community leaders, mandated government structures, and Civil Society Organizations (CSOs).

This report, therefore, unveils the lived experiences of women with disabilities, highlighting their struggles with gender-based violence as a major factor which enhances their vulnerability in the society.

1.2 Key Findings

As broad as the study was, key salient findings were made, which are reflective of the lived experiences of women with disabilities who double as victims of gender-based violence.

The study was designed to determine the concepts, contexts, and intersectionalities of numerous factors that propagate, promote, sustain, as well as impact of gender-based violence against women and girls with disabilities. The qualitative studies stemming from numerous Key Informant Interviews (KII), and Focused Group Discussions (FGDs) were analysed using deductive methodology and capturing core themes as revealed by the respondents.

The study confirmed that women with disabilities, as reported, are core victims of gender-based violence. Summarily, most of the respondents understood gender-based violence as

> *"GBV is any cruelty, abuse, assault, neglect through cultural practices or otherwise against a person, be it a male or female."*

One of the respondents, asserts as follows:

> *"it is either way, when you talk about gender it is either a man or a woman, so when you specify it, gender-based violence against a man or against a woman, but gender-based violence is always on woman than men"*

In the view of another respondent, gender-based violence was referred to as:

> *"is any violence meted out to anybody based on the persons gender … any violence that is targeted at anybody based on the people's gender".*

The responses received from across the different target populations reached for this study, confirmed, as well as revealed some core issues and other underlying factors as it relates GBV against WWD. The findings could be summarized below:

- Women With Disabilities (WWD), as well as other stakeholders, understand the concept of GBV, and alludes to the fact that, WWD are highly vulnerable to it in Imo State.
- They reported that WWD suffer from a range of disabilities which include, *vision impairment, intellectual disability, Physical immobility, Hearing impairment, mental disorder, cerebral palsy, Albinism, Hunchback, speech impairment, Dwarfism*.
- The study findings also revealed the forms of GBV witnessed by WWD which include widowhood practices that disproportionately affect women just because they are *women, defilement/rape, extortions, child abuse, sexual harassment, forced into marriages against their choices and will, Psychological, physical, Financial, socio-cultural violence. Domestic violence, discrimination and stigma, Female Genital Mutilation (FGM), Negligence, male preference, etc.*
- The findings of the study indicates that GBV against WWD are usually caused and sustained by factors such *as culture, norms, and societal values, traditions, religion, poverty, lack of proper sensitization of the community on GBV, greed, avarice, ignorance, drug addiction, illiteracy, lack of genuine love to mankind, among others.*
- The study confirmed Cultural and Religious beliefs as having major influence on GBV against WWD. Much of these manifests from the layer of patriarchy and male preference in both the communities and the church.
- The study revealed that, although men are usually identified as the perpetrators of GBV against, there is more to GBV than spousal aspect of it. Caregivers, communities (in the aspect of cultural practices, such as widowhood rituals, FGM, etc.), fellow women, neighbours, strangers, healthcare workers, etc., also perpetrate this act. The WWD confirmed to be at risk of GBV with almost anyone they come across with, including in workplaces, due to misconceptions and negative perceptions of the general public about them.
- The views about knowledge and awareness of the Violence Against Persons (Prohibition) Act (VAP, 2018), and the Discrimination Against Persons with

Disability Prohibition Act (2018) were in-congruent. While stakeholders with government affiliation and others from the Civil Society Organizations (CSOs) indicated some level of awareness of the legislations, while most of the WWD and other stakeholders, such as community leaders, reported not to be aware of the legislations.

- The study revealed that the Structures for reporting and seeking redress against GBV and community support system, are not widespread or evenly adopted or known even by WWD. It is, however, non-existent in most communities, while in others, it is either structurally weak or not living up to its expectations. The Imo State instituted Sexual Assault Reform Centre (SARC) are relatively unknown by the community that needs it most – WWD. CSOs try to play intermediary roles, by receiving reports and escalating cases for appropriate redress. Some communities on the other hand, use the traditional rulership structures to address these issues to the best of their ability. However, some concerns were reported, about the hijack of some of these structures, including the Nigerian Police Force, by the perpetrators of the violence.
- Also, the study revealed that, the impact of GBV against WWD are usually overwhelming, as it could redefine the life course of the victims for a lifetime. Ultimately, WWD are likely to live an unfulfilled live, stay deprived of life changing opportunities, such as access to education, socio-economic empowerment opportunities, lifelong stigma and discrimination, unwanted pregnancies which could equally lead to death, and untimely death due to physical violence, ritualistic attacks, and other forms of violence and negligence.
- The study revealed that most of the perpetrators of this violence go unpunished, especially, within the community settings. Only in rare and extreme cases, are communities forced to act. Legal machineries are not often called to action, due to issues around poor access to justice system.
- On the role of the Church/Community in ameliorating GBV against WWD, the views of the respondents are incongruent. While some stakeholders reported that the church/communities are instituting and operationalizing measures to

deter the society from perpetrating GBV through awareness creation and sanctioning mechanisms, most of the respondents reported that the church/communities are utterly silent, while the issue ravages the society.

- On the positive note, the study revealed that most of the respondents indicated willingness to participate in further capacity building on the issues of GBV against WWD and would be willing to volunteer to support advocacy efforts to eliminate GBV against WWD.

Chapter Two

2.0 Introduction

Gender-based violence (GBV) against women is a global issue that transcends all boundaries in terms of culture, geography, religion, social class, and economic status. World Health Organization (WHO) estimates that about 35% of women worldwide have reported experiencing either physical or sexual partner violence or non-partner sexual violence. According to National Demographic and Health Survey, 2018 (NDHS, 2018), 31% of Nigerian women aged 15-49 have experienced physical violence and 9% sexual violence. 55% of women who have experienced physical or sexual violence have never sought help to stop the violence; only about 32% sought help.

However, women with disabilities are doubly at risk of GBV. According to the 2011 World Report on Disability; Over 25 million individuals in Nigeria have at least one handicap and about half of these are women and girls. African Polling Institute's (API) 2022 survey revealed that 28% of Nigerian women with disabilities had experienced sexual abuse; a larger proportion would report physical and psychological abuse. Women and girls with disabilities experience double discrimination, which places them at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation. The Convention on the Rights of the Persons with Disabilities recognizes 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. Gender based violence against women and girls have been reported to be a barrier to socio-economic development of nations; hence, it poses a major barrier to the attainment of sustainable development goals.

2.1 Gender-based Violence

Gender-based violence (GBV) is any ill treatment or human right violation meted at a person because of their gender identity. According to the United Nation High Commission on Refugees (UNCHR, 2024), GBV is a serious violation of human rights and a life-threatening health and protection issue.

Gender-based violence (GBV) is a global issue that affects individuals of all ages, genders, races, and socioeconomic backgrounds. It manifests in various forms, including physical, sexual, psychological, and economic violence, and is rooted in gender inequality and discrimination. GBV occurs in both public and private spheres, including homes, workplaces, schools, and communities, and can have devastating consequences for survivors and their families.

According to the World Health Organization (WHO), approximately 1 in 3 women worldwide have experienced either physical or sexual intimate partner violence or non-partner sexual violence in their lifetime. GBV can lead to a range of physical and mental health issues, including injuries, sexually transmitted infections (STIs), depression, anxiety, and post-traumatic stress disorder (PTSD). It can also have economic repercussions, limiting survivors' ability to participate in the workforce or access education and healthcare.

Efforts to address GBV have gained momentum in recent years, with many countries enacting laws and policies to protect survivors and hold perpetrators accountable. International organizations, governments, NGOs, and community groups are working together to raise awareness about GBV, provide support services for survivors, and advocate for gender equality and women's rights.

2.2 Gender-based Violence in Nigeria

Gender-based violence (GBV) is a significant issue in Nigeria, affecting individuals across all regions, socio-economic backgrounds, and ages. It encompasses various forms of violence, including domestic violence, rape, sexual assault, female genital mutilation/cutting (FGM/C), child marriage, and human trafficking.

Several factors contribute to the prevalence of GBV in Nigeria, including gender inequality, harmful cultural practices, weak enforcement of laws, and lack of awareness about human rights. Societal norms often condone violence against women and girls, perpetuating a cycle of abuse and discrimination.

According to data from the National Demographic and Health Survey (NDHS) conducted in 2018, 28% of Nigerian women aged 15-49 have experienced physical

violence, and 7% have experienced sexual violence. However, these numbers are likely underestimations due to under-reporting and stigma associated with GBV.

Nigeria has taken steps to address GBV, including enacting laws such as the Violence Against Persons Prohibition (VAPP) Act and the Child Rights Act. However, challenges remain in implementing these laws effectively, providing support services for survivors, and changing societal attitudes towards GBV.

Non-governmental organizations (NGOs), civil society groups, and international organizations play a crucial role in combating GBV in Nigeria. They provide support services for survivors, raise awareness about GBV, and advocate for policy changes to protect women and girls.

Overall, addressing GBV in Nigeria requires a multi-faceted approach that includes legal reforms, education and awareness programs, economic empowerment initiatives for women, and efforts to change cultural norms that perpetuate violence.

2.3 Gender-based Violence Against Women with Disabilities in Nigeria

Gender-based violence (GBV) against women with disabilities is a pervasive issue in Nigeria, reflecting the intersection of gender and disability discrimination. Women with disabilities are particularly vulnerable to various forms of violence, including physical, sexual, emotional, and economic abuse.

In Nigeria, women with disabilities face multiple barriers that increase their risk of experiencing GBV. These barriers include stigma, discrimination, lack of access to education and employment opportunities, and limited access to health care and support services. Additionally, women with disabilities are often marginalized and may have limited ability to report abuse or access justice.

Several factors contribute to the heightened risk of GBV against women with disabilities in Nigeria. These include:

Social Attitudes: Negative attitudes and stereotypes about disability can lead to the devaluation of women with disabilities, making them more vulnerable to abuse.

Dependence: Women with disabilities may be dependent on others for care and support, making them more susceptible to abuse from caregivers or family members.

Isolation: Women with disabilities may be socially isolated, further limiting their ability to seek help or report abuse.

Lack of Awareness and Training: Service providers, including health care professionals and law enforcement officers, may lack the awareness and training needed to support women with disabilities who experience GBV.

2.4 Gender-Based Violence in Imo State

Gender-based violence (GBV) is a pressing issue in Imo State, Nigeria, affecting individuals across various demographics. GBV encompasses a range of harmful practices and behaviours targeting individuals based on their gender, including physical, sexual, psychological, and economic abuse.

In Imo State, as in many parts of Nigeria, GBV is often rooted in deep-seated cultural beliefs and practices that subordinate women and girls, leading to unequal power dynamics and pervasive gender inequalities. Some common forms of GBV in Imo State include domestic violence, rape, female genital mutilation/cutting (FGM/C), child marriage, and harmful widowhood practices.

To effectively address GBV in Imo State, a comprehensive approach is needed, including legal reforms, education and awareness programs, economic empowerment initiatives for women, and efforts to change cultural norms that perpetuate violence. Collaboration between government agencies, NGOs, and other stakeholders is essential to combat GBV and create a safer environment for all individuals in Imo State.

2.5 Intersectionality of Gender and Disability

Intersectionality refers to the interconnected nature of social categorizations such as race, class, gender, and disability, as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. When considering gender and disability, it's important to recognize the unique challenges faced by individuals who belong to both marginalized groups. Some key intersectionalities of gender and disability include:

1. **Multiple Discrimination:** Individuals who are both female and disabled often face multiple forms of discrimination. They may experience discrimination based on their gender, their disability, or both, which can compound their marginalization.
2. **Violence and Abuse:** Women with disabilities are at a higher risk of experiencing gender-based violence, including sexual, physical, and emotional abuse. They may also face barriers in accessing support services or reporting abuse due to their disability.
3. **Socioeconomic Disadvantages:** Women with disabilities are more likely to experience poverty and unemployment compared to both men with disabilities and non-disabled women. This intersectionality can further limit their opportunities and access to resources.
4. **Healthcare Disparity:** Women with disabilities may face challenges in accessing reproductive healthcare, maternal healthcare, and other essential services related to their gender. They may also encounter barriers in accessing disability-specific healthcare services.
5. **Social Isolation:** Women and girls with disabilities may experience social isolation and exclusion, which can be exacerbated by their gender. This can impact their mental health and well-being.
6. **Legal and Policy Gap:** Many countries lack specific legal protections for women with disabilities, leaving them vulnerable to discrimination and abuse. Intersectional approaches to policy and legislation are needed to address these gaps.

2.6 Rationale for Baseline Study

The Centre for the Right to Health seeks to contribute towards addressing the monstrous issue of gender-based violence against women with disabilities in Imo State. This intervention seeks to galvanize critical stakeholders towards addressing some of the root causes of GBV against WWD including the intersectionalities that play pivotal roles in promoting and sustaining this issue.

To achieve this, it is imperative that a study be conducted to determine the current status of the issue in Imo State. The baseline information from this study would

provide guidance towards the strategies and modalities that will inform the engagement interventions with critical stakeholders who are needed to contribute towards addressing this issue at the community, religion, traditional, policymaking, law enforcement structures.

2.7 Objectives of the Baseline Report

The objective of this baseline study includes the following:

1. To understand gender-based violence as it affects women with disabilities.
2. To understand the forms and types of gender-based violence faced by women with disabilities Imo State.
3. To learn the lived experience of women with disabilities on gender-based violence in Imo State.
4. To understand the intersectionalities that promote GBV against WWD in Imo State.
5. To determine relevant interventions that can contribute towards the elimination of GBV against WWD in Imo State.

Chapter Three

3.0 Study Methodology

3.1 Introduction

This study seeks to describe the lived experiences of women with disabilities as it regards gender-based violence. The study adopted qualitative approach. To achieve this, the researchers scientifically selected the study strategies, which includes, study location, sampling method, criteria for qualifying as a respondent, data collection, limitations of the methodology, and ethical considerations of the study.

3.2 Logic of Inquiry

This study was conducted using the qualitative method (inductive and deductive). This approach was adopted considering that lived experiences of WWD as it relates GBV cannot be quantified, rather, they can be expressed. Most studies have provided evidence on the level of gender-based violence in Nigeria, few studies have revealed their forms and manifestations within the context of women with disabilities in Imo State.

3.3 Research Settings

3.3.1 Study Location and Setting

This study was conducted in Imo State, Southeast Nigeria. Data from the National Population Commission (NPC) and National Bureau of Statistics (NBS) reveals that estimated population of Imo State was put at 5,459,300 as at 2022, while the population density varies from 230–1,400 people per square kilometre, with a total land mass of **5,135 km²**. Christianity is the predominant religion. In addition to English being official language, Imo state is a predominantly Igbo speaking state, with Igbo people constituting a majority of 98%.

Imo State is divided into three (3) senatorial zones, which are Owerri, Orlu, and Okigwe zones. To ensure the representativeness of the study, data collection was spread across the 3 zones. Of the 27 Local Government Areas (LGA) in Imo State,

the study was conducted in 12 of them, 4 in each of the 3 senatorial zones, representing 44.4% of the total LGAs in the State.

3.4 Research Design

3.4.1 Sampling Method

The study adopted a simple random sampling technique which is a reliable approach to collect information from all the target populations of the study being represented across the six geopolitical zones of Nigeria and respondent being selected by chance. This method was adopted in LGAs in the State and organizations within the senatorial zones.

3.4.2 Judgmental or purposive sampling

The study adopted a purposive selection of respondents. Using this approach, respondents were selected using discretion of the researchers and CRH and understanding of the target audience and judging from their years of experience and expertise working with and for the target population. For this study, only persons ranking high within the gender issues or an organization supporting WWD with appreciable requisite years of experience and expertise were selected for the study. This method was adopted in selecting individuals within the selected organizations who are qualified as experts to respond to the survey.

3.4.3 Snowball sampling:

This study equally adopted snowball sampling method to ensure that subjects are traced in senatorial zones and LGAs. This is because the researchers and CRH are not familiar with enough study subjects in-line with the study design. Also, considering the difficult to reach members of the target population, this method assisted in identifying and recruiting subjects who are hidden from the surface.

3.4.4 Quota Sampling

To ensure representativeness of this study, this approach was adopted, so that the target group and the senatorial zones are equally represented, and their lived experiences are captured on in the study.

Enumerators: 12 (One across each Local Government)

A. FGDs to be conducted: 12.
    1. For WWD (6): A total of Four (6) FGDs will be conducted. LGAs will be paired to form a total of 10 participants (5 participants from each LGA) per group. One of the groups will be comprised of participants from 3 LGAs.
    2. For women without disability (1): FGD for women selected across the 12 LGAs of implementation to understand their perspective about GBV against WWD.
    3. For Men without disability (1): FGD with selected men across the 12 LGAs of implementation to understand their view about GBV against WWD.
    4. For MDAs (1): FGD for persons working within the structure of the social protection system of the Government (social welfare officers, Ministry of Women and Gender Affairs, Nigeria Police Force gender desk, Human Rights Commission, etc)
    5. For CSOs (1): FGD with representatives selected CSOs/CBOs working on issues of GBV and Rights of WWD.
    6. For Religious Groups (1): FGD with representatives of selected religious groups on the issues of GBV against WWD.

B. Key Informant Interview: 35
    1. KII with 12 Chairmen of LGA Councils of Traditional Leaders
    2. KII with 9 Leaders of religious groups across the 9 LGAs
    3. KII with 12 WWD who have experienced GBV.
    4. KII with a representative each from, Social Welfare Services, Ministry Women and Gender Services, FIDA, CSOs, and any other group.

3.4.5 Selection criteria

A mixture of random selection, purposive selection and snow-ball approaches were adopted wherein respondents were selected from the different groups from the 3 senatorial zones of Imo State.

To ensure that only persons with in-depth experience were selected for the study, the following were ensured that only participants with the following criteria were selected and qualified for the study:

i. That respondents must be 18 years of age and above.
ii. That respondents from the Civil Society Organizations must have a minimum of 5 years of experience working for/with WWD on gender issues.
iii. That participant must be a leader within the WWD community group, and religious/traditional groups.
iv. Participants will be selected from the 12 LGAs across the 3 senatorial zones of the Nigeria) to ensure representativeness of the study and for generalization of findings.

3.4.6 Study Instrument

An unstructured interview guide (set of questions) for Key Informant Interviews (KEI) and Focused Group Discussions (FGD) was designed to capture all aspects of the research questions. The tool was validated by experts and piloted to ensure that measurement errors were reduced to the barest minimum.

3.5 Data Collection

Enumerators were recruited and trained to conduct both KII and FGD. The interview respondents were identified, and their details shared with the enumerators. The interview sessions were conducted and recorded using an MP3 recorder. The interviews recordings were transcribed for analysis.

3.5.1 Data Analysis

In teasing out the main themes from the interviews, coding, which is a process of labelling and organizing qualitative data to detect different themes which represent important subjects and the relationship between them in each response. These labels can be identified in the form of phrases, words, or numbers. This is also

referred to as thematic analysis. Through this process, themes are extracted by analyzing words and their structural forms.

Qualitative Data Analysis: This is a process of assessing and interpreting qualitative data to identify and expatiate what it represents. This work adopted the grounded theory approach whereby a theory around the data case has been formulated and "grounded" in actual data and analysis is based on the theory. The coding system for this study was manual.

Also, a deductive coding approach was adopted whereby coding was commenced with pre-defined set of codes, and these codes were assigned to the new qualitative data. Since the study is making use of pre-defined themes, the themes to be analysed were already known. This is known as concept-driving coding. Content analysis was further carried out to provide further understanding of the themes.

3.5.2 Pilot Study

To establish the validity, reliability of the study instrument as well as its fitness for analysis, it was subjected to a test through piloting. The pilot sample consisted of 10% (2) of the total sample size. The pilot interviews were conducted using google form and sent to the respondents via email addresses. The respondents were experts in gender and disability issues. The data obtained was used to determine the reliability and validity of the study tool.

3.5.3 Validation of Study Instrument

The interview guide was assessed for its validity using the face, content, and construct validity. The researcher and academic supervisor conducted the face and content validity of the research instrument before the pilot survey was conducted.

Chapter Four

4.0 Literature Review

4.1 Previous Studies on Gender-Based Violence Against Women with Disabilities

Gender-based violence have been widely studied. Most of the studies have been focused on various aspects, such as its prevalence, risk factors, impacts, and interventions. Most of these studies have emphasized the epidemic nature of gender-based violence across the globe. The studies also revealed an array of factors that contribute to gender-based violence, such as, cultural norms, gender inequality, poverty, and lack of access to education.

Evidence from research has revealed that gender-based violence has enormous physical, emotional, and other complex social implications, including economic, for survivors, with very negative impact on their health, welfare, and ability to competitive thrive within the full society. It has also been revealed from studies that, effective interventions, which includes, strategic behavioural change communication programs, education programs, legal reforms, and support services, in addressing gender-based violence and helping survivors to lead a full life.

In addition, previous studies emphasized that, the importance of a comprehensive and multi-sectoral approach to tackling gender-based violence, involving governments, civil society, and communities to prevent gender-based violence, help survivors, and engender gender equality.

4.2 Conceptual Framework

Women with disabilities (WWD) are doubly at risk of gender-based violence due to inter-sectional sociocultural factors such as cultural and religious beliefs norms. Cultural and religious leaders and gatekeepers shape and change norms, including norms that can impact gender-based violence. Yet there is limited capacity of organizations of women with disabilities and women's rights organizations to engage with cultural and religious gate keepers to address these issues from a prevention lens. Building the capacities of these organizations to understand the inter-sectional vulnerabilities and working collaboratively with them to engage these gatekeepers

will increase the awareness and commitment of the gatekeepers to champion advocacy to prevent gender-based violence against women, especially those with disabilities within their sphere of influence. This program seeks to contribute towards promoting human rights of women with disabilities through strategic advocacies and other behavioral change interventions towards relegation of norms, cultures, and practices breed by negative perceptions, misconceptions, and myths that promote gender-based violence against women with disability.

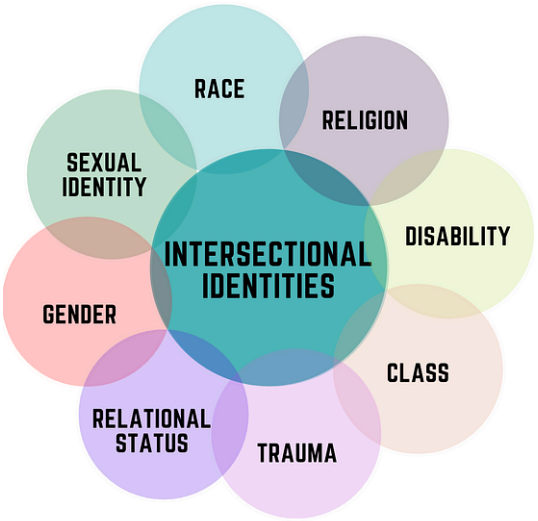
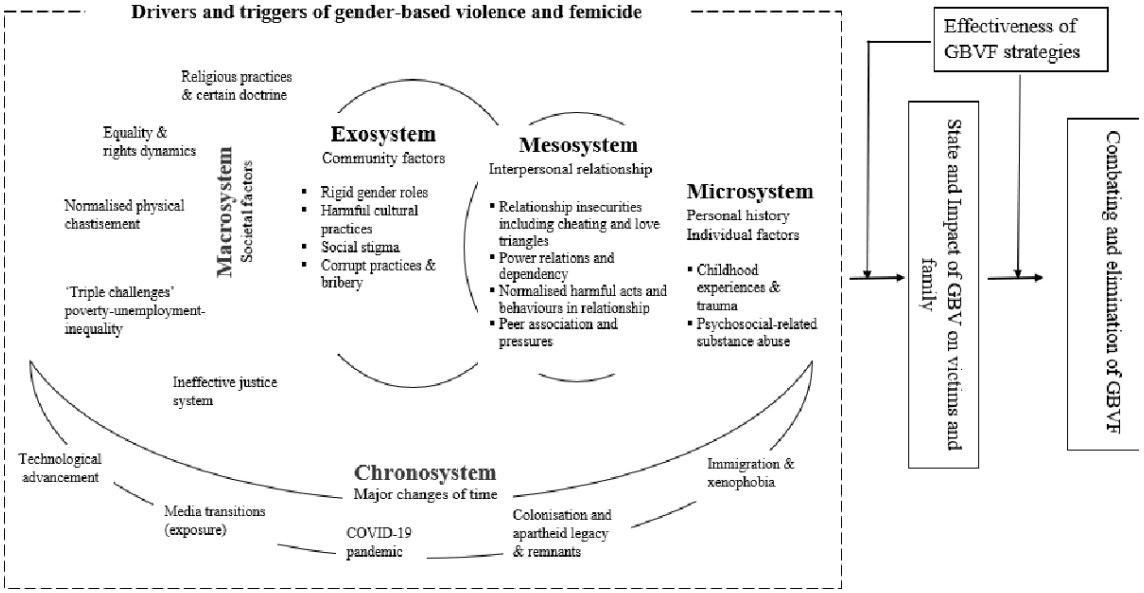


Figure 4.1: Intersectional Identities



Source: Let's Talk: What Is Intersectionality? by Hannah Hassler, Appreciative Wellbeing Medium

Figure 4.2: Conceptual Framework of gender-based violence and femicide drivers (Mtotywa et. al., 2023)

4.3 Structural Framework

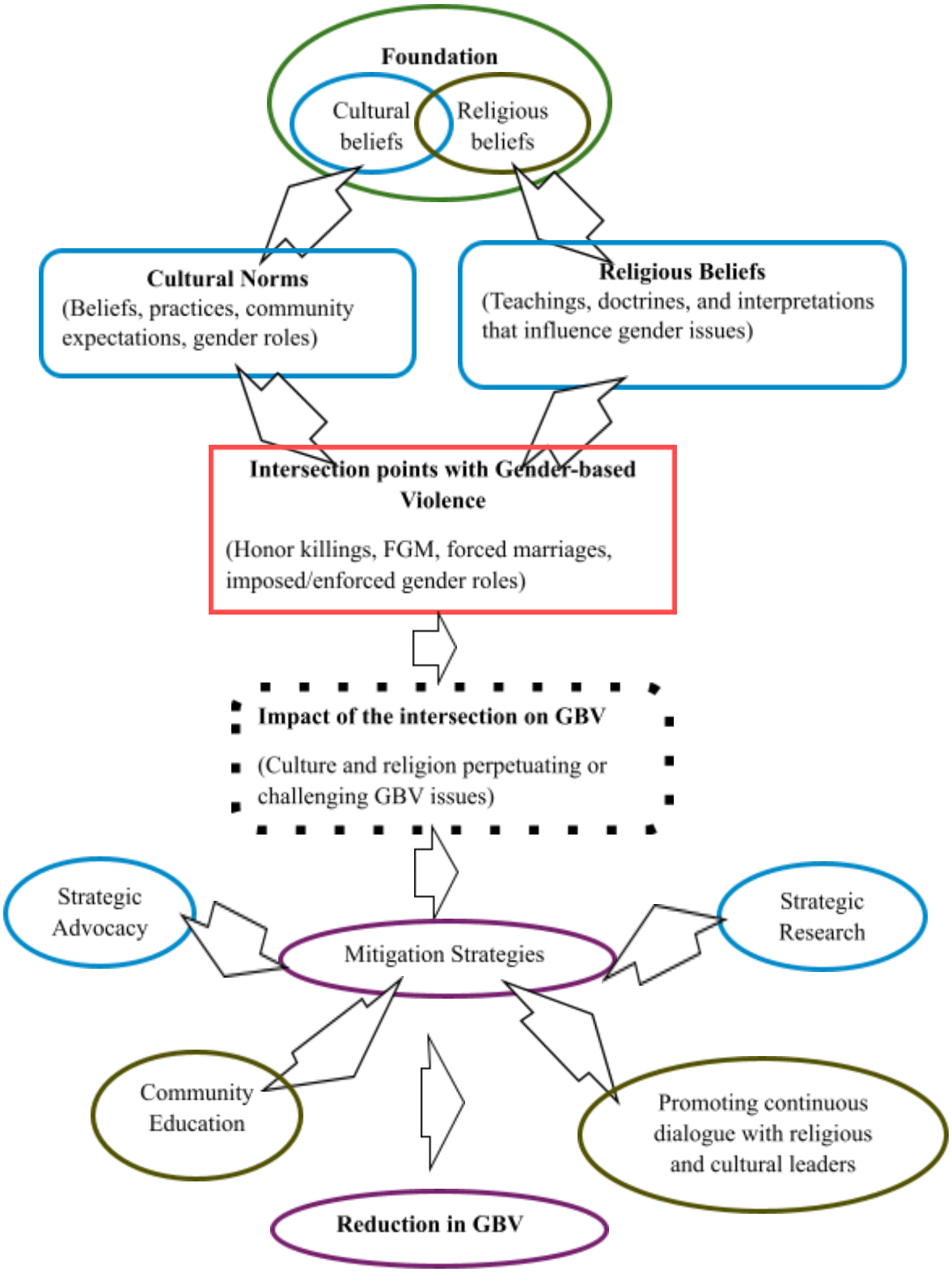


Figure 4.3: Structural Framework for the Study

To visualize the intersectionalities of culture and religion on gender-based violence, it is important to create a structural framework that includes the following components:

1. **Foundation**: A complex centre, representing the societal context, where culture and religious beliefs intersect. This includes broader social structures, historical context, and power dynamics.
2. **Cultural Norms:** This aspect covers specific cultural beliefs, practices, and traditions which impact on gender roles, community expectations, and family dynamics. These norms differ across diverse cultures.
3. **Religious Beliefs:** This aspect captures the doctrines, teachings, and contextual interpretations of texts which impact on attitudes and behaviours as it relates to gender and relationships.
4. **Intersectional Points:** This aspect cover areas where culture and religion meet to influence gender-based violence. These practices include honor killings, Female Genital Mutilation, Widowhood practices, forced marriages, among other unhealthy practices informed by religion and cultural beliefs.
5. **Impact of Gender-based Violence:** This aspect portrays how the intersection of culture and religion can influence the prevalence and nature of gender-based violence. It is quite important to note that, this analogy includes how cultural and religious norms can either promote or challenge gender-based violence.
6. **Mitigation Strategies:** This aspect covers our approaches towards reducing gender-based violence through reversing the role of cultural and religions institutions from negatively influencing gender-based violence to strategically challenging them. These approaches include, strategic advocacy, strategic research, community education, promoting dialogue within religious and cultural institutions.

4.4 Existing Legal Frameworks and Protections

Article 12 of the Istanbul Convention specifically urges state parties to take into account and address the specific needs of people made vulnerable by particular conditions including pregnant women, women with young children and women with disabilities including those with cognitive and mental impairments, person living in

remote rural areas, homeless persons, the elderly and children among others. It is common to have a person with disability who is a child, elderly, a pregnant woman or one with children, residing in a rural community or homeless, as such carrying multiple layers of vulnerabilities.

Among other instruments of the law that protect persons with disabilities, two of them standout because of their close alignment to the issues of this vulnerable population. The include:

4.4.1 The Violence Against Persons (Prohibition) Act (VAPP Act)

The Violence Against Persons (Prohibition) Act (VAPP Act) was signed into law in Nigeria in 2015 to address various forms of violence, including domestic violence, sexual violence, harmful traditional practices, and other related offenses. The Act provides a comprehensive legal framework for the prevention, prohibition, and redress of gender-based violence in Nigeria. Here is a review of some key provisions and implications of the VAPP Act:

i. **Definition of Offenses:** The VAPP Act defines various offenses related to violence against persons, including rape, domestic violence, sexual harassment, female genital mutilation, and other harmful practices. It also recognizes the rights of victims and provides for their protection and support.
ii. **Protection Orders:** The Act empowers courts to issue protection orders to prevent further acts of violence and ensure the safety of victims. These orders can include restraining orders and orders for the perpetrator to stay away from the victim.
iii. **Penalties:** The VAPP Act prescribes severe penalties for offenders, including imprisonment and fines, depending on the gravity of the offense. For example, the Act provides for a minimum of 20 years imprisonment for rape and life imprisonment for gang rape.
iv. **Legal Aid and Support:** The Act provides for the establishment of specialized units within the police and judiciary to handle cases of violence against persons. It also provides for the provision of legal aid and support services to victims.

v. **Prevention and Awareness:** The VAPP Act emphasizes the importance of prevention and awareness-raising activities to eliminate violence against persons. It calls for collaboration between government agencies, civil society organizations, and the media to raise awareness about the Act and its provisions.

vi. **Challenges and Implementation:** Despite the enactment of the VAPP Act, there are challenges in its implementation, including limited awareness of the Act among the general public, inadequate funding for implementation, and a lack of capacity among law enforcement agencies and the judiciary to effectively enforce its provisions.

vii. **Recommendations:** To improve the implementation of the VAPP Act, there is a need for increased awareness and sensitization campaigns, adequate funding for implementation, capacity building for law enforcement agencies and the judiciary, and the establishment of specialized courts to handle cases of violence against persons. Also, domestication of the VAPP Act in all the States of the nation is critical.

4.4.1 The Discrimination Against Persons with Disabilities (Prohibition) Act (2018)

The Discrimination Against Persons with Disabilities (Prohibition) Act (2018) was signed into law in Nigeria in 2018 to promote and protect the rights of persons with disabilities. The Act aims to eliminate discrimination against persons with disabilities and ensure their full participation and inclusion in society. Here is a review of some key provisions and implications of the Act:

i. **Definition of Disabilities:** The Act defines disability broadly to include physical, mental, intellectual, or sensory impairments that limit a person's ability to participate fully in society. It recognizes the diverse nature of disabilities and prohibits discrimination based on disability.

ii. **Protection of Rights:** The Act guarantees the rights of persons with disabilities, including the right to equality, non-discrimination, and full participation in all

aspects of life. It prohibits any form of discrimination on the grounds of disability in employment, education, healthcare, and other areas.

iii. **Accessibility:** The Act emphasizes the importance of accessibility for persons with disabilities. It requires public buildings, facilities, and services to be accessible to persons with disabilities, including the provision of ramps, elevators, and other accommodations.

iv. **Education and Employment:** The Act prohibits discrimination against persons with disabilities in education and employment. It requires educational institutions and employers to provide reasonable accommodations to persons with disabilities to ensure their full participation.

v. **Healthcare:** The Act guarantees the right of persons with disabilities to access healthcare services without discrimination. It requires healthcare providers to provide accessible and inclusive services to persons with disabilities.

vi. **Legal Capacity:** The Act recognizes the legal capacity of persons with disabilities and prohibits any form of forced treatment or institutionalization based on disability. It promotes supported decision-making and other measures to ensure the autonomy and independence of persons with disabilities.

vii. **Implementation and Enforcement:** The Act establishes the National Commission for Persons with Disabilities to oversee its implementation and enforcement. It provides for the establishment of tribunals to adjudicate complaints of discrimination and violations of the Act.

viii. **Challenges and Recommendations:** Despite the enactment of the Act, there are challenges in its implementation, including limited awareness, inadequate funding, and a lack of capacity among stakeholders. To improve implementation, there is a need for increased awareness, capacity building, and collaboration among government agencies, civil society organizations, and other stakeholders.

The Discrimination Against Persons with Disabilities (Prohibition) Act represents a significant step towards promoting the rights of persons with disabilities in Nigeria. However, concerted efforts are needed to ensure its effective implementation and

enforcement to eliminate discrimination and ensure the full inclusion of persons with disabilities in society.

4.5 Gaps in Research and Knowledge on GBV against WWD

Studies abound on the gender-based violence against women, however, Nigerian research seem not to have taken particular interest in GBV against women with disabilities, as broad-based studies are limited on the subject matter with bias on WWD. UNHCR, Centre for Disability and Inclusion Africa, Minority Africa, among other organizations have continued to bring these issues to the front burner, but more needs to be done, to ensure policymakers and other critical stakeholders are called to action.

The core challenge bedevilling research in this subject matter remains availability of data. Lack of data emanates, first, from underreporting. Women with disabilities who are victims of GBV usually face barriers to accessing support services which includes channels for reporting and seeking redress, from which, relevant data required for robust research could stem.

The intersectionality of gender and disability is an aspect that has not been robustly researched. Women with disabilities face gender-based violence in diverse forms that may differ from non-disabled women. There is need for strategic research to explore these differences and bring them to light, to aid development of interventions aimed at addressing these issues, especially, as it affects women with disabilities.

While this study attempted to x-ray the lived experiences of WWD, it particularly unravelled the intersectionalities of gender, culture, tradition, and religion on GBV against WWD.

4.6 Profile of Women with Disabilities (WWD)

Women with disabilities in Nigeria face a myriad of challenges that intersect with their gender and disability, leading to unique forms of discrimination and marginalization. Information from the baseline study reveal that most women with

disabilities in Imo State present with disabilities such as, *vision impairment, intellectual disability, Albinos, Physical immobility, Hearing impairment, mental disorder, cerebral palsy, speech impairment, Hunchback, and Dwarfism* among others.

Women With Disabilities face a myriad of challenges including but limited to the following:

i. Limited access to education
ii. Healthcare Disparity
iii. Economic exclusion
iv. Violence and Abuse
v. Limited political participation
vi. Social Stigma and Discrimination
vii. Lack of Accessibility
viii. Lack of legal protection
ix. Intersectional discriminations

4.7 Demographic Information

According to Southeast Region Economic Development Commission (SEREDEC, 2024), Imo, a State in Southeast Geopolitical regions of Nigeria, has Owerri as its capital. It occupies the area between the lower River Niger and the upper and middle Imo River. It is bordered Abia to the east, Rivers to the South, Anambra to the North, and River Niger and Delta State to the West. The State lies within latitudes 4°45'N and 7°15'N, and longitude 6°50'E and 7°25'E with an area of around 5,100 sq km (Vanguard, Nigeria (2015)). Imo State was created in 1976 by the late military ruler of Nigeria, Murtala Muhammad, having been previously part of East-Central State.

Abia State, in 1991 became a split out of Imo State, and subsequently, Ebonyi State emerged from Abia Part of it was split off in 1991 as Abia State, Imo State is made up of twenty-seven (27) Local Government Areas. The major cities in Imo State include Owerri, Orlu, Oguta, Okigwe, Obowu, Mgbidi, Abor, etc.

Data from the National Population Commission (NPC) and National Bureau of Statistics (NBS) reveals that estimated population of Imo State was put at 5,459,300 as at 2022, while the population density varies from 230–1,400 people per square kilometre, with a total land mass of **5,135 km²**. Christianity is the predominant religion. In addition to English being official language, Imo state is a predominantly Igbo speaking state, with Igbo people constituting a majority of 98%.

As expected, Christianity being the predominant religion of Imo State, as well as typical Igbo tradition and culture, play intersectional roles that impact on Gender-based Violence as experienced by women with disabilities in Imo State.



Figure 4.5: Map of Imo State

Chapter Five

5.0 Results and Discussions

5.1 Access to Education and Employment for Women with Disabilities

As vital as education is to everyday survival, most women with disabilities are denied access to basic and vocational education. As expected, education is a precursor to employment, and lack of access to it, owing to disabilities increases their vulnerabilities. Findings from the baseline study points that lack of access to education and employment enhances their vulnerability to predisposition to gender-based violence against women with disabilities.

5.2 Perpetrators and Enablers of Gender-Based Violence

The study revealed that the perpetrators of gender-based violence are broader than expected. Anecdotal evidence suggests that intimate partner violence constitute most of the gender-based violence against women with disabilities. Findings from the study shows that the perpetrators are not only men. The respondents opined that caregivers, women, women-led traditional institutions such as Umuada, among others equally perpetrate violence against women with disabilities.

5.3 Enabling Factors

There is a complex interplay of factors which have been often identified as enablers of gender-based violence. They include:

1. Societal attitudes and stereotypes: The vulnerability of women with disabilities to gender-based violence are influenced by negative attitudes and stereotypes about disability which invariably promote marginalization and devaluation of women with disabilities.

2. **Intersectional Discrimination:** Women with disabilities often experience multiple forms of discrimination because of their gender and disability, and this, increase their risk of experiencing violence.
3. **Power dynamics and dependency:** Dependency on others for care and support may be high among women with disabilities. This may lead to power imbalances in relationships which invariably, increases their vulnerability.
4. **Lack of Access to Support Services:** Women with disabilities often face barriers in accessing support services, for example, counselling, legal assistance, shelters, and this makes it cumbersome for them to access help when needed.
5. **Legal and policy gaps:** While there are legal instruments to mitigate against gender-based violence against women with disability at the federal level, domestication have not happened in some States of Nigeria, and this impacts on the justiciability of the legal instruments. Also, some specific vulnerabilities of women with disability might not have been addressed in some of the legal instruments, hence, need for policy review.
6. **Lack of Awareness and training:** Services providers, such as healthcare workers, social workers, and law enforcement agents, often times appear to be lacking awareness and training on how to recognize and respond to gender-based violence against women with disabilities.

One of the respondents in study opined that patriarchy was an enabling factor for GBV against women with disabilities. She stated as follows:

> "W*omen are mostly affected considering the patriarchal nature of our society because they believe that women are second class citizens,"*

Similarly, another respondent posited as follows:

> *"There are cultural tendencies to this, or patriarchally of cause, religious, social, health, economic aspect, which are causes of GBV. It is rooted in the system we found ourselves which favours men than women"*

Another respondent asserted as follows:

> *"Greed, avarice, ignorance, the feeling to dominate the weak, and dehumanise them prejudice for the strong/healthy to be at upper*

position to control and subject them to cruelty."

5.4 Impact of Gender-based Violence on Women with Disabilities

Women with disability experience some of the worst and most profound impacts of gender-based violence. These wide-ranging impacts affects their social, physical, and mental wellbeing.

Women with disabilities who experience GBV may be exposed to physical injuries, such as fractures, cuts, bruises, and other forms of trauma. Also, they may be at higher risk of sexual and reproductive health issues, such as sexually transmitted infections (STIs), including HIV, and unwanted pregnancy.

One of the most neglected and least discussed impact of GBV against women with disabilities is on mental health. The psychological impacts of GBV are significant, and may manifest in varying for forms, which may include depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health conditions. Coupled to the stigma and discrimination already being faced by women with disabilities, these effects might be severe.

Women with disabilities who experience GBV, often face social isolation. Loss of trust in others, as well as exclusion. In addition, they may also face barriers to accessing support services, and these may expose them to even more violence and abuse. These are referred to social effects of gender-based violence.

The economic impacts of GBV against women with disabilities includes loss of income, lack of employment opportunities, financial independence, poor access to economic opportunities and support services, and all these will accumulate into poor standard of living and low self-worth.

In addition, GBV against women with disabilities may have long-term effect, by impacting negatively on their quality of life and overall wellbeing, which may inevitably extend to their immediate families.

Some of the respondents to the interview had these to say about impact of gender-based violence on women with disabilities:

"The impact is traumatic, for me they experience trauma because

even the disabilities are enough for cross to carry"

Another respondent had this to say:

"And then the discrimination and exclusion are big challenges"

Another respondent, added as follows:

"Unwanted pregnancies and disappearance of babies"

5.6 Coping Mechanisms and Resilience

5.6.1 Adaptive Strategies

According to the report from United Nation's Committee on Rights of Persons with Disabilities (CRPD), the Committee on Elimination of Discrimination Against Women, the Committee on the Rights of the Child, and the Special Rapporteur on the Rights of Persons with Disabilities, **Women with disabilities** face unique challenges when it comes to **gender-based violence**. Here are some **adaptive mechanisms** are approaches that will confer on them some level of protection against violence, including gender-based violence.

1. **Stronger Legal and Policy Frameworks**: There is a need for robust international legal and policy frameworks that recognize the **heightened risks** of violence faced by women and girls with disabilities. These frameworks ought to address the specific forms of violence they encounter and ensure their active participation in policies aimed at elimination of gender-based violence (7). The report highlighted that:

2. **Support Systems**: Adequate support systems are crucial. These include:
    - **Social Networks**: Building strong social networks can provide emotional support and safety.
    - **Accessible Helplines**: Helplines that accommodate sign languages and provide information in an easy-to-read format are essential.
    - **Universal Designed Shelters:** Designing Shelters that confer universal accessibility would be a sure form of protection from violence (8).

3. **Data Collection and Awareness**: It is critical to collect global data on gender-based violence against women with disabilities is essential. Currently, this crisis remains largely invisible due to limited data (8).
4. **Inclusion and Empowerment**: Women and girls with disabilities should be actively involved in campaigns promoting gender equality and women's rights. It is imperative to note that that they are entitled to ALL human rights and freedoms, and their participation in all areas of life should be promoted and empowered (7).

5.7 Support Networks

Support networks provide relief as well as contribute towards long-term empowerment and integration of women with disabilities into the society, while reducing their vulnerabilities. Support networks play critical role in assisting women who face GBV.

Support networks provide emotional support to their group members. These supports usually manifest in the forms of the following:

- **Emotional support:** This is expressed in the forms of peer support and counselling. Women with disabilities find comfort and succour in peer support groups, providing them with experiences and feelings with others facing similar challenges. Also, professional counselling services can help survivors process their trauma and build resilience.
- **Advocacy and Empowerment:** Strategically advocating for the rights of women with disabilities through organizations could assist to attract the attention and interest of relevant stakeholders the specific needs of women with disabilities. This can lead to a substantial push for policy changes. Also, through strategic empowerment programs, women with disabilities can be provided with skills confidence-building to enable them to assert their rights and make informed decisions that will better their socioeconomic, psychological, and physical wellbeing.
- **Supportive Assistance:** Women with disabilities require a broad range of supportive assistance to improve their lots as survivors of GBV as well as

preventing GBV. These supports include legal and medical assistance. Legal services may help survivors circumnavigate the justice system, obtain restriction orders, and seek justice, while medical assistance will enhance their access to healthcare services critical for physical and mental recovery.

- Information and Education: This may manifest in the forms of awareness creation and provision of resource materials. Educating communities about the intersection of disability and GBV can reduce stigma and enhance supportive behaviours. This goes side by side with providing quality information on the spectrum of issues, including, availability and access to resources that can empower women to seek help.
- Safe Spaces: Availability and access to shelters guarantees a safe haven for women who are at risk of GBV. It is equally important to ensure availability of reporting structures, that are easily accessible and sensitive to the needs of women and disabilities.
- **Community Integration:** Organizing the community of women with disabilities into a common set-up will enable their integration into community programs. This will guarantee that they are not isolated, and that they can fully and actively participate in the society. This will also assist to build robust inclusive community networks, which can offer practical and emotional support.

5.8 Resilience Factors

Resilience factors against GBV are strength and resource factors that despite experiencing the trauma associated with such a violent experience, allow either the women with disabilities to go back to her normal state or the ability to pick up the pieces from their impact. The factors can at an individual, relation, community-based, or societal level. Below are some of the key resilience factors are discussed:

1. Individual Characteristics

- Self-esteem and self-efficacy: It is through the belief of one's worth and ability within a psychological setting that women become empowered to seek help and make decisions regarding their health.

- Coping Mechanisms: The application of effective coping strategies, problem-solving skills, and emotional control enables women to cope with the impacts of GBV.
- Awareness and Education: Women can take proactive measures against GBV if they have prepared themselves with information regarding their rights that available means and resources for help, and the recognition of abusive behaviours.

2. **Relational Factors**

- Supportive Relationships: Strong and positive relationships with family, friends, or partners can provide emotional support and major forms of practical help.
- Peer Support: Keeping relationships with other women with disabilities who have experienced similar things can provide mutual support and understanding.
- Mentorship: This encourages and inspires survivors to emulate a model who, having experienced GBV, is able to provide actionable guide to new victims on how to seek support as well as prevent GBV.

3. **Community Factors**

    - Community Support Networks: This provides linkage to community resources, support groups, advocacy organizations, and social services for help.
    - Inclusive Services: Availability of community services needed by women with disabilities enormously facilitate easy access to the support. These include access to safe spaces, hotlines that women can use in cases of threatening situations and other community-level social support services.

4. **Human Factors**

    - Legal Protection: Strong legal frameworks that put factor protections for the rights of women with disabilities while holding the perpetrators of GBV accountable.

- Public Awareness and Education: The development of stigma and discrimination reduction campaigns and educational programs to increase awareness at the intersection of disability and GBV, as well as promoting inclusivity.
- **Advocacy and Policy Change Efforts:** Advocacy focused on improving policies or other areas in the interest of better protection and support for women with disabilities.

5. **Human Conditions**
    - Resilience and Adaptability: The ability to get along and work within changing circumstances, staying psychologically resilient in the face of adversity is required by women with disabilities to effect the needed paradigm shift in issues around GBV.
    - Positive Identity Formation: Interventions aimed at helping women with disabilities achieve high senses of identity and pride in oneself, based on what one can do despite all prejudices within her society.
    - Human Resources: Strategic socioeconomic empowerment helps women with disabilities to achieve financial independence, life improving opportunities, and increased access to resident educational materials, which reduce partners' exploitation of dependency and strengthen the ability to disembark from an abusive relationship.

Chapter Six

6.0 Conclusion and Recommendations

6.1 Policy Recommendations

It has been established that women with disabilities are vulnerable to gender-based violence, and that their disabilities expose them to even more abuses. In Imo State, it has been established that religion and culture play intersectional roles in amplifying GBV against women with disabilities.

The intersectionalities of culture and religion on gender-based violence against women with disabilities has not been contextualized over the years. They have been masked as cultural and religious heritages rather than human right abuses and overlooked over the years. Addressing this intersectionalities, as complex as they are, require multisectoral approach involving multiple stakeholders, including but not limited to religious and cultural leaders, law enforcement agencies, social welfare structures, policy makers, civil society organizations, etc.

It is therefore recommended as follows:

- that the legal instruments already deployed (The Discrimination Against Persons with Disabilities (Prohibition) Act (2018), and the Violence Against Persons (Prohibition) Act (VAPP Act)) be made justiciable through capacity building of the members of judiciary, social workers, as well as the law enforcement agencies.
- These laws are due for impact assessment to ascertain their viability, as well as reviews to include other clauses required for them to totally protect the persons with disability against GBV.
- Providing adequate information and education to all stakeholders including women with disabilities to create awareness and sensitization on the prevention of gender-based violence across institutions and communities.
- Strategic empowerment of women with disabilities is critical to lift them above vulnerability to abuses. This includes educational and socioeconomic empowerment. Evidence reveals that availability and access to adequate

information and financial capacity reduces the dependability of women with disabilities to the perpetrators of violence against them.

- Strategic advocacy to religious and traditional institutions to increase awareness on the intersectionalities of religion and culture on gender-based violence will be critical in reversing the negative impact, while using these institutions to promote efforts towards preventing and eliminating gender-based violence.
- Instituting community and religious structures to monitor gender-based violence will be key to entrenching a culture that protects persons with disabilities.

The respondents to the study were asked to propose recommendations towards stemming gender-based violence against women with disabilities, below are some of their opinions:

> ***"There should be impact assessment law to find out what is achievable."***
>
> ***"Embrace the idea of coalition, very strong one, partnership***
>
> ***collaboration, collaboration so that, there won't be a form of duplication,***
>
> ***you are going there repeating what this organization has already done,"***
>
> ***"So, there is no existing structure to check this violence and its necessary***
>
> ***we set up one."***

6.2 Interventions for Service Providers

Service providers are critical to reversing the old trend and entrenching a new status quo where women with disabilities have reduced vulnerabilities to gender-based violence. To this end, providing consistent capacity building opportunities to a broad range of service providers, such as civil society organizations, social workers (legal, psychosocial, and medical aids), and law enforcement agents will be key to improving availability and access to support services for women with disabilities who are at risk of, victims, or survivors GBV. Funding support to service providers to conduct community-based awareness creation interventions to raise awareness on the issues of GBV is a proven strategy in preventing GBV within communities.

6.3 Areas for Future Research

This study is limited in scope, it is a qualitative study. Future research studies should adopt mixed research approaches (qualitative and quantitative) to determine other factors such as prevalence of women with disabilities in the Local Government Areas in Imo State, prevalence of GBV against WWD, prevalence of the typologies and forms of GBV against WWD, perception of GBV from the viewpoint of perpetrators, among other issues.

6.3 Conclusion

Centre for the Right to Health (CRH) with funding support from Ford Foundation seeks to contribute towards addressing the issues around gender-based violence especially, against women with disabilities. Following anecdotal evidence, the Covid-19 warranted sit-at-home revealed that gender-based violence was nearly an epidemic in Imo State.

Annexes

1. Appendices
2. Research Instruments
3. Glossary of Terms
4. List of Abbreviations

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Annex

Research Strategy

Enumerators: 9 (One across each Local Government)

C. FGDs to be conducted: 9
   7. For WWD (4): A total of Four (4) FGDs will be conducted. LGAs will be paired to form a total of 10 participants (5 participants from each LGA) per group. One of the groups will be comprised of participants from 3 LGAs.
   8. For women without disability (1): FGD for women selected across the 9 LGAs of implementation to understand their perspective about GBV against WWD.
   9. For Men without disability (1): FGD with selected men across the 9 LGAs of implementation to understand their view about GBV against WWD.
   10. For MDAs (1): FGD for persons working within the structure of the social protection system of the Government (social welfare officers, Ministry of Women and Gender Affairs, Nigeria Police Force gender desk, Human Rights Commission, etc)
   11. For CSOs (1): FGD with representatives selected CSOs/CBOs working on issues of GBV and Rights of WWD.
   12. For Religious Groups (1): FGD with representatives of selected religious groups on the issues of GBV against WWD.

D. Key Informant Interview: 35
   5. KII with 9 Chairmen of LGA Councils of Traditional Leaders
   6. KII with 9 Leaders of religious groups across the 9 LGAs
   7. KII with 10 WWD who have experienced GBV.
   8. KII with a representative each from, Social Welfare Services, Ministry Women and Gender Services, FIDA, CSOs, and any other group.

What is GBV	Types of Disability	Forms of GBV	Prevalence of GBV
So, when the violence is directed against a certain gender based on unequal relationship, we call it gender based violence.	*vision impairment,*	The widowhood practices, disinheriting the women just because they are women.	Gender-based violence is very common.
Its abuses or violation encountered irrespective of the gender especially women/girls as they encounter on daily bases.	*intellectual disability*	defilement/rape, extortions, and child abuse. sexual harassment	It has been on the increase.
It is any form of ill treatment or violence melted on somebody because of their identity.	*Physical immobility*	forced into marriages against their choices and will,	it happens every minute, it is so common, so regular every day, every time.
it is either way, when you talk about gender it is either a man or a woman, so when you specify it, gender-based violence against a man or against a woman, but gender-based violence is always on woman than men	*Hearing impairment*	Psychological, physical, Financial, socio-cultural violence. Domestic violence,	This GBV is very common in all the communities
It is the type of harm that affects a persons or group of people as a result misunderstanding in perceiving the person based on male or female or gender orientation of the identity	*mental disorder*	*they discriminate against them and stigma*	very common in our homes especially in the barracks
Gender Based Violence is any violence meted out to anybody based on the persons gender… any violence that is targeted at anybody based on the people's gender.	*cerebral palsy*	FGM	Its rampant because so many reports coming

GBV is any cruelty, abuse, assault, neglect through cultural practices or otherwise against a person be it a male or female.	The deaf and dumb, Albinos, Hunchback.	Male preference	It's becoming rampant almost on weekly basis
gender-based violence refers to any type of harm that is perpetrated against a person or a group of people because of their sex gender.	Dwarfs	Negligence	During the Covid19, it exposed a lot in gender-based violence

	Presence of WWD in the community	**Cultural/Religious beliefs about WWD influencing GBV**	**Impacts of GBV against WWD**	**Perpetrators of GBV**
	They are everywhere in the community,	the person is a witch or something like that,	And then the discrimination is a big challenge and exclusion	Their caregivers
	Physically challenged women are 379 presently in Imo by our record	And the cultural silence is a very big challenge.	And when you narrow it down to gender-based violence, you see that women are mostly affected considering the patriarchal nature of our society because they believe that women are second class citizens,	it's not only the men
		such as looking at them as being uncleaned or punished by their creator.	The impact is traumatic, for me they experience trauma because even with disables is enough for cross to carry	when it comes to widowhood practices, it's still the women that are doing it. the issue of UMUADA.

		it starts from a very tender ages of the victims, the family look at them as a shame and reproach, treating them as an abomination or taboo if the child grows up to school, age, she may be prevented to go to school, or hidden at home, they tend to jeer at them as laughingstock.	Unwanted pregnancies and disappearance of babies	What about the FGM, it's still the women that are doing it
		Men – supremacy over women/and GBV against (WWD): The overriding rights/privileges given to men in the cultural settings as the head/ spokesperson of the family/ community;		from the men, from there to the women who either richer or into a lot of bad things.
		men ownership of landed properties and always meeting in matters that concerns the entire populace, as against the women WD representations in matters that concerns or affects their wellbeing both the traditional, cultural/societal factors are interwoven.		Some men, and some youths as well as some women are the main perpetrators of GBV against WWD,
		it's like something that we find ourselves, our traditional beliefs		some women do it if their husbands are not economically buoyant
		They don't take it that it's an act, it's their culture.		At times we see it from intimate partners.

		Gender based violence is not culture, it is an individual act, a wilful act, it's not a culture.		perpetrators of this GBV are men, when in authority, intimate partners, people within the security
		people look at us as not useful,		every other person is directly or indirectly involved
		we have a culture where women are not regarded even when important decisions are being made		family heads who do not have or are so engrossed in a wealth conversion
		Wrong upbringing of children, hence, young people grow with wrong perception about WWD.		There are no particular people, to me it's everybody.
		way we grew up, the way we socialize makes it that gender-based violence is a normal thing		neighbours, strangers, relations, and friends.
		It's a fundamental issue, it's a generational issue		those who feel they have money are one of the perpetrators.
		Generally, in Igbo land, they believe if you have any disability, it is an abomination.		individuals who take hard drugs

Challenges faced by WWD on issues of GBV	Knowledge of VAP and	Structures for reporting and seeking redress against GBV and community support system	Discrimination Against Persons with Disability Prohibition Act (2018)
it's a challenge if somebody is deaf and dumb for you to take that person during prosecution	Yes, we call it the VAP law. Violence Against Persons prohibition law of Imo State. That law was passed in Imo State on 22nd day of December 2021 by His Excellency, Distinguished Senator Hope Uzodimma. *we are fighting to get an effective framework like this VAP that will give us speedy dispensation of justice so that it will be served hot*	We have SARC- Sexual Assault Reform Centre for sexually abused, for temporary healing, relax and move out after gaining consciousness.	*We have not domesticated it as we have done in this other one, but in our laws, there's also provisions that we can use*
	we don't know about it, there is no structure for it notwithstanding	Yes, our CSOs are everywhere, we have focal persons everywhere, and we have these women leaders everywhere. We have involved all of them, we are training them, the Ezes are now among the CSOs that are working for us even the Ezes cabinet and all that because we have trained them and there is something we called 'KPOTURUM' in the villages.	Well, the act is a right step in the right direction and once a law,
		They report to those of the CSOs who are in the town. Even some of them know they go to OZISA	I have not heard about anyone

		because we have also an outfit there. OZISA is a radio station, so we have a kind of session there every Thursdays by 2pm.	
		And we also have Human Rights clinic	I have not, but violence on person prohibition ACT is on paper but we have not seen where it is implemented,
		But in the ordinary day living in the society, you find out that people do not have any established structure for checking this.	
		So, there is no existing structure to check this violence and its necessary we set up one.	
		They are not even remembered not to talk of ways to protect them.	
		it is still those perpetrators that will gather and pronounce judgment on it, and so there is no law that protects these people.	
		they are usually in fear of suffering a greater consequence like death,	
		They are helped, but perhaps this help doesn't come from the community but an individual	

		It is reported to the king, then the king will tell the community by himself.	
		the Human Rights are being informed then she will delve into it.	
		referrals to the police, as they are also our collaborators to bring peace/sanity to the WWD in the community.	
		There are the Aladinma, the kindred meetings, the Umunna, even the traditional ruler as all reports or cases brought under his care are taken up accordingly	
		No medical support but psychological antidotes sympathy, empathy, and counselling and after care services are rendered.	
		mostly we take their matter to age grades	
		the Eze and his cabinet will always look into it band apportion blames or punishment to the perpetrators	
		I don’t think we have any provision where they can be assisted medically	

		The truth is that they don't get any help at all from the community.	
		they normally bring it to the community leaders which I am one of them, after hearing them we refer them to the Eze of the community in return Eze will take the matter to the police.	
		The redress mechanism is dependent on the magnitude of the problem and what the victim or survivor wants	
		No, most of us keep quiet about it because we don't know where to report it to, shame, and criticisms.	

Consequences the perpetrators of GBV face in the community	Capacity building/awareness creation needs	Interest in participating in GBV advocacy	Recommendations
There are punishments given to them, at times they banish that person.	there is need it has to be a constant thing for us to get to where we want to be	100%, we are here, what else are we doing?	embrace the idea of coalition, very strong one, partnership collaboration, collaboration so that, there won't be a form of duplication, you are going there repeating what this organization has already done,

IKWO ALA and every other thing you know	A training like that will be important to a disable	it would interest me a lot to stay at the helm of this kind of work	there would be impact assessment law to find out what is achievable.
There is nothing like punishment, no sanction, unless you begin now to fashion	No, I have not been trained. I would appreciate it.	I and my community will be interested to participate in it as to help my community	So, there is no existing structure to check this violence and its necessary we set up one.
we report to the police if such is committed and to the youths who collect fines and still punish and report to the police			you could embark on carrying out statistics to get data, like now know the number of people, women that have suffered gender-based violence, women with disability in each of the local
we are not having enough punishment on those who engage in those crimes of GBV on WWD			the leaders of communities need to know the advantage of having laws that will stop the violence against women with disabilities and widows
Presently they don't suffer anything.			provide medical support/equipment, more sensitization tours,
			the WWD also need to be trained to know their rights and privileges and service areas
			Religious and Traditional Leaders need to be trained

			removal of any harmful practices that may impede their welfare
			Instituting laws, edicts by communal announcement, fines,
			Sense of inclusion in community matters, and in decision taking.
			By cooperation, harmonization, religious cultural enlightenment, putting up a permanent structure in the communities for these purposes.
			1. Sensitizing 2. Advocacy 3. Enlightenment through their associations. (Meeting the stakeholders, Presidents-General to educate their people. 4. We promote activities
			the platform for reporting GBV is not a one stop thing, when one man's role end, another person's role starts,
			Let government go back to VAP law and make it effective in action, look at it artistically

			and make an evaluation/ re-evaluate the law
			Inculcating the issues around accommodating persons with disability during the upbringing of children at home, churches, and schools.
			Condemning such acts during social gatherings through education.
			Our people should allow laws to take its course. Perpetrators want to settle when it happens because they have the financial background to offer.

Causes of GBV against WWD	**Role of the Church/Community in ameliorating GBV against WWD**	**Role of the Church/Community in influencing GBV against WWD**	
women are mostly affected considering the patriarchal nature of our society because they believe that women are second class citizens,	the church has done nothing, because when we see the world today,	They are imprisoned in there and can die from these violence/attacks, as their culture tend to debar them from returning to their maiden homes.	
Culture, norms, traditions.	Local churches/Diocese they make out time to celebrate them, contribute to their wellbeing or	Even in the church, when coming inside, people react like God has cursed you.	

	welfare show them love and kindness,		
The high quest to get married by these WWD.	the church gives punishment too, the church removes the perpetrators from communion, it has happened at St Paul's catholic church Owerri.		
Poverty, fake people and lives, dupes, lack of proper sensitization of the community on GBV.	*Cultural belief is that at times people will call the traditional rulers like Ndi Nze from the kindred to place a curse on the perpetrators or at times the perpetrators will be ostracized from the village?*		
horrible marriages	workshop just to address such issues and tell the people to stop evil malpractices and act.		
greed, avarice, ignorance, they feel to dominate the weak and dehumanise them prejudice for the strong/healthy to be at upper position to control and subject them to cruelty.	Well, the measures we take is the pulpit, we stay in the pulpit to talk to people and appeal to their conscience that is one of the measures we take as a church to eliminate		
drug addiction, illiteracy among others, lack of genuine love to mankind	During preaching, to make people understand religiously that God will not be happy with any person that is maltreating the woman that is deformed		
There are cultural tendencies to this, or patriarchally of cause, religious, social, health, economic aspect, which are	By public notices, orientations, functional based agencies that are related to (GBV) against women		

causes of GBV. It is rooted in the system we found ourselves which favors men than women	with disabilities educating the (WWD) their rights and privileges.		
Sometimes gender-based violence occurs because of the incorrect belief that women with disability are not capable of having consensual sex	Enacting laws, rules, fines, sanctions to serve as deterrents to their attackers.		
lack of knowledge	Church can always teach for love and treat everybody equal		
	By cooperation, harmonization, religious cultural enlightenment, putting up a permanent structure in the communities for these purposes.		
	But culturally the community might use their local method to inflict consequences on perpetrators.		
	The religion aspect of the community can organize – some group deliberations biannually to integrate them		
	If it is about individual help, there have been, but when it comes to gathering as a community, there is none.		