



Triple Jeopardy:

Gender-based violence, disability
and rights violations amongst
women in Cambodia

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When women benefit, the whole community benefits.

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Partners featured in this publication

IWDA recognises partnership and collaboration as fundamental to development effectiveness. As we work with partners, we build our capabilities and strengths to advocate for gender equality. Together we create space for women’s voices to be heard and amplify those voices through networking, advocacy and research.

The **CBM-Nossal Institute Partnership for Disability Inclusive Development** was formed in 2008 by CBM Australia and the Nossal Institute for Global Health. CBM Australia is Australia’s largest implementer of disability-specific and inclusive development activities, and has been actively building the capacity of development stakeholders in disability-inclusive development. The Nossal Institute for Global Health is an Institute of the School of Population and Global Health, within the Faculty of Medicine, Dentistry and Health Sciences, of the University of Melbourne. It has a combined focus on health related development implementation, research and training including disability inclusive development.

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Banteay Srei is a grassroots women’s NGO in Cambodia that focuses on empowering communities at the grassroots level and establishing strong community networks to combat violence against women. Banteay Srei began mainstreaming disability in its work in the late 1990s, before disability mainstreaming was an issue on the radar of many organisations.

The **Cambodian Disabled People’s Organisation (CDPO)** is a non-governmental, membership-based organization of people with disabilities, established in 1994. Its mission is to develop the networks of people with disabilities so as to support, protect, serve and promote their rights, achievements and interests, and enable their full participation and equality in society.

Monash University began life in Melbourne with its first students commencing in 1961. It has grown to become the largest university in Australia, with campuses across the world and is ranked in the top one per cent of world universities according to the Times Higher Education World University Rankings.

1. All published research reports available from www.wda.org.au/research/triple-jeopardy

1. Introduction

I urge people with disabilities to fight to survive and not lose hope. We should do what we want to do. We should avoid being forced to do anything. I suggest to people without disabilities that they should encourage me. I want them to have goodwill. (IDISRU3)

I would like to request the authorities to create a trusting environment for women with disabilities and help resolve their problems immediately, not just leave cases open. I would like to request the authorities to keep claims confidential. I would like to suggest that NGOs raise awareness in communities about sexual abuse and provide information about legal services so they know who they can turn to for help. (IDIBB3)

From May 2010 to November 2012, Banteay Srei, the Cambodian Disabled People's Organisation (CDPO), CBM Australia, International Women's Development Agency (IWDA) and Monash University, with support from AusAID through the Australian Development Research Awards, conducted a participatory action research project called *Triple Jeopardy: gender-based violence, disability, rights violations and access to related services among women in Cambodia*.

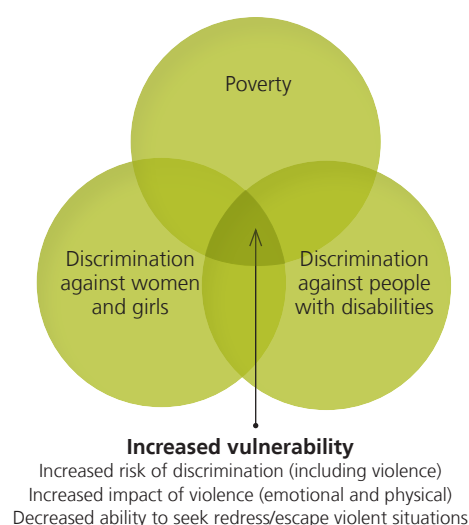
The *Triple Jeopardy* research compared experiences and levels of violence, discrimination, mental wellbeing, and financial autonomy of women with and without disabilities.² While women showed strength and hope for the future, they also told stories of abuse and discrimination. Particularly in comparison to women without disabilities, women with disabilities experience high levels of violence perpetrated by family members, are subject to significant control and coercion from family and partners, suffer significant psychological distress, are isolated from and discriminated against by their communities, and have limited choices and control over their bodies and lives.

Women described experiences of discrimination, abuse and vulnerability resulting from intersecting effects of poverty, gender and disability. Violence against women with disabilities is both a component of violence against women and the result of intersecting discrimination — against women and against people with disabilities, which can change both the prevalence and type of violence experienced by women with disabilities compared to those without. Women in the study also described the increased vulnerability associated with poverty, adding a third dimension of complexity to their experience. Poverty limited education and employment, resulting in further stigma, discrimination and abuse. It also impacted on women's ability to seek assistance, and / or leave violent living situations.

1.1 Methodology

The research used a variety of methods, including a survey with 354 women (177 women with disabilities, 177 without disabilities), focus group discussions with approximately 80 women with disabilities, in-depth interviews with 30 women with disabilities who had experienced violence, and interviews with 15 key informants working at relevant government and non-government organisations.

A power analysis indicated a total sample size of 330 would be sufficient to detect a difference in the rates of violence between women with disabilities and those without disabilities if one existed. However, the number of women surveyed does not allow a confident extrapolation for all women across Cambodia. The criteria for participating in the research included: being between 18 and 45 years old, the ability to comprehend and communicate sufficiently to respond to the survey, and the ability to give informed consent. It was not possible to include participants who were profoundly deaf given the lack of appropriately trained workers in Cambodia with the requisite communication skills, and the inappropriateness of using family members to translate family-specific communication systems given the nature of the research. Another limitation is that women's experiences are not disaggregated by type of impairment, concealing differences in experience among women with disabilities.



The recruitment strategy for the research involved two steps. First, women with disabilities were identified with the assistance of local disability organisations. Second, women without disabilities were selected who lived in the same neighbourhood as women with disabilities, to enable broad socio-economic matching.

This may mean that the women with disabilities selected may represent a more empowered group of women with better access to resources and services than other women with disabilities who are not connected to a disabled person's organisation.

2. All quotes contained herein are from the in-depth interviews.

Recruitment was designed to be broadly representative of the urban / rural distribution of the Cambodian population. Accordingly, just over a quarter of participants (26.3%) were recruited from urban settings and nearly three quarters (73.8%) from rural areas.

Socio-demographic information about the women:

	Women with disabilities	Women without disabilities
Age	32.1	31.40*
No schooling	28.2%	19.2%
Never married	57.6%	19.2%
Not married now	75.1%	28.8%
Live with birth family	75.1%	44.6%
Not married now	75.1%	28.8%
Earns money	70.6%	81.4%

*The difference is not statistically significant

Field research was conducted by Cambodian women, including women with lived experience of disability and women with expertise in gender and development. This was critical for enabling women to discuss sensitive, personal and traumatic experiences. The participation of local women, and in particular local women with disabilities, was also vital for ensuring the research was not extractive but rather, enabled women to speak about their experiences of violence, often for the first time. This also raised awareness of the capacity of women, including women with disabilities, to participate meaningfully and contribute to economic and social life, including in professional roles.

The survey was based on that used for the World Health Organisation Multi-Country Study on Violence against Women, modified to include the Washington City Group questions on disability and the Self-Reporting Questionnaire to measure psychiatric disturbance.³ This was designed to enable comparison with other research on violence against women, and to establish a methodology for generating comparative data on violence against women with disabilities and those without. The survey took approximately an hour to administer. The in-depth interviews explored women's lives in more detail.

This paper draws on raw data, internal analysis, published reports from the research and other papers by research team members to present women's experiences of multiple discriminations, including in their own voice. It foregrounds qualitative data – individual stories – complementing the focus on the analysis of quantitative data in the Working Paper. The research deepened understanding of the nature of the multiple intersections between disability, gender, poverty and violence, which informed recommendations for policy and practice within the Cambodian context and beyond.

2. Violence against women with disabilities

This study used a comprehensive understanding of violence against women, considering emotional, physical and sexual violence as well as controlling and coercive behaviours.

Emotional violence includes behaviours such as insulting, humiliating, intimidating (yelling, smashing objects etc.) and threats to hurt the victim or someone she cares about. Physical violence includes behaviours such as slapping, pushing, throwing something at the person, hitting with a fist or something else which can hurt, kicking or beating, choking or burning, and threats or actual use of a weapon. Sexual violence was defined as being forced to have sex, agreeing to have sex because the woman was afraid of what would happen if she said no, or being forced to do something the woman found degrading. Controlling and coercive behaviours included various behaviours which significantly limited women's freedom and autonomy.

The survey explored violence perpetrated by family members (parents, siblings, step-parents etc.) and partners.⁴ Women with disabilities were less likely to be partnered than women without disabilities, so the statistics regarding partner violence should be interpreted with this in mind. 'Family violence' is used here to mean violence perpetrated by any family member other than an intimate partner.

The research revealed that women with disabilities experience interpersonal violence differently to and at a much higher level than women without disabilities, highlighting the intersection of gender and disability discrimination.

Family violence in lifetime	Women with disabilities	Women without disabilities*	Overall prevalence
Emotional violence	52.5%	35.2%	43.9%
Physical violence	25.4%	11.4%	18.4%
Sexual violence	5.7%	1.1%	3.4%

*The difference between results for the two groups is highly statistically significant

Controlling behaviour by family members	Women with disabilities	Women without disabilities	Overall prevalence
Insist on knowing where you are at all times	48%	37.5%	42.75%
Ignore you or treat you differently	27.1%	17%	22.05%
Expect you to ask permission before seeking health care for yourself	48.6%	34.7%	41.65%

3. A small number of questions from the WHO survey were dropped to accommodate these additional questions without extending the overall length of the survey.

4. The word 'partner' is used as that is the term used in interpersonal violence research. In this research, all partnered women were in heterosexual relationships; they may or may not have been formally married, but if women spoke of having a 'partner,' whether or not they had a marriage certificate, this would have been considered in the cultural context to be a marriage-type relationship.

We found extremely high levels of violence by family members against women with disabilities, in addition to an array of controlling and coercive behaviour. The home is a particularly unsafe space for women with disabilities.

When I moved away to study, that time was very difficult for me. My father always sent money and rice to my uncle for my living expenses, but I just got a small amount of it. Sometimes my cousin took my money. ... They didn't take care of me properly, and sometimes I had to crawl to the well and come back by myself. I used to get dirty every time I bathed. However, when my uncle knew my parents were visiting, he would make sure I was clean. (IDPP5)

From the time I became blind my family treated me very badly. They thought that because I was blind I couldn't do anything. One of my sisters hit me a few times. She said that my sisters were happy when I cried. My cousin accused me of having a relationship with her husband. She hit me with a piece of wood. But I had done nothing at all. So is it my fault that she did that? (IDPP4)

It was my uncle, my father's youngest brother. At that time ... I didn't even understand about sex. I was about 13 and my body hadn't matured. I slept with my grandmother, and she used to get up early in the morning to start the fire, leaving me alone. My uncle came to sleep with me. He felt my breasts, sexual organs, hands and legs. At that time, I felt as if I was dreaming because I knew nothing [about sex] until I got married. But I never told anyone. He did it about two or three times. I stopped sleeping with my grandmother and went to sleep in my mother's room. Now my uncle is too ashamed to visit me. ... I've never told anyone until now, not even my mother ... but I've kept it in my mind for 30 years. (IDIBB3)

The most common perpetrators of family violence were parents. The differences between women with and without disabilities regarding which family member perpetrated violence against them were not statistically significant.

Perpetrators of family violence	Percentage for all women
Father or mother	49%
Another male family member	31.3%
Another female family member	27.1%
Step-parent	6.3%

The survey asked questions about violence over the last 12 months and lifetime prevalence, but did not ask when a respondent first experienced violence. Participants were asked to indicate if they had been touched sexually or made to do something sexual before the age of 15 by putting a mark on cards with a happy face and a sad face; some 13.1% indicated they had experienced some form of sexual abuse. As the cards

did not contain identifying information, the research does not compare prevalence for women with and without a disability.

In the in-depth interviews, some women with disabilities spoke in detail about their childhood. Of the 16 women who had an impairment in childhood and who were able to talk about this, 12 had experienced abuse and / or violence during childhood from family members, neighbours or other students. This points to the urgency of undertaking specific research on violence against children with disabilities and of a precautionary focus on reducing the risk of violence against children with disability, given their vulnerability and the profound impact abuse can have on development.⁵

Women with disabilities experienced slightly higher rates of violence from partners than women without disabilities, though the differences were not statistically significant. However, women with disabilities were up to 4.2 times more likely to be subjected to controlling behaviours by their partners than women without disabilities, again indicating more than gender discrimination alone.

Partner violence in lifetime	Women with disabilities	Women without disabilities*	Overall prevalence
Emotional violence	48.9%	41.8%	43.5%
Physical violence	26.6%	23.4%	24.3%
Sexual violence	24.4%	16.8%	18.6%

*The difference between the two groups is not statistically significant.

Controlling behaviour by partners	Women with disabilities	Women without disabilities	Percentage for all women
Insists on knowing where you are at all times	62.2%	28%	36.7%
Expects you to ask his permission before seeking health care for yourself	71.1%	49.2%	54.8%

He got jealous when he was drunk. At that time, my mother rarely stayed home, and he often used a machete to threaten to strike me and cut my neck. During the violence, I stayed with my oldest child ... he threatened to kill me and my child, which made me very frightened. I didn't dare to tell my mother because it happened too late at night, but instead tried to remain restrained. When sleeping, the door was locked and the key was kept with my husband with the machete by his head ... I always wanted to run away. My mother could only help me argue with him and then would go back home. (IDKS2)

5. Note that research conducted by the African Child Policy Forum on violence against children with disabilities found high levels of violence against children with disabilities, both boys and girls (The African Child Policy Forum 2010). See also Handicap International and Save the Children, 2011.

A few women also described behaviour from men that seemed predatory – identifying a vulnerable woman, courting her, having sex with her and / or marrying her and then treating her with violence from thereon or ending the relationship.

I met my husband when he worked for an NGO. I was a casual staff member. ... The NGO helped and supported destitute and vulnerable women and men. ... He was interested in me. He allowed me to study with him for one year, and whenever he had pens and books, he always gave them to me, which made me love him. He told me that he had already married, but his wife had been resettled to live in another country.

I didn't know him well, but my friends also helped me investigate him. His behaviour made his colleagues know he loved me. He came to ask my mother if he could marry me, and everything was agreed.

At that time, he came to teach Japanese people from 4 to 6 o'clock at my aunt's house in front of mine. Once his bike wheel had a puncture and it was raining; my mother and aunt, who were kind, let him stay the night. ... He tried to find a way to stay again, there was always rain in the evening.

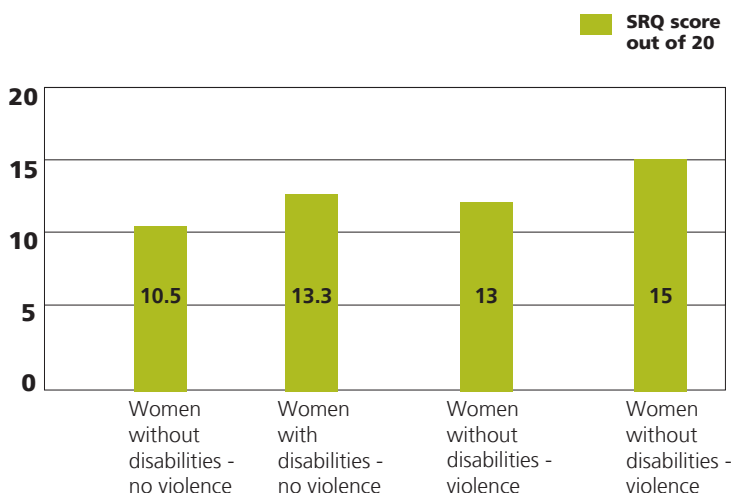
... Once, when my mother got up at 4 in the morning to sell vegetables, leaving me alone with my small brother and sisters, he raped me. I was unable to resist. Because he took my virginity, I committed to marry him, he'd already had sex with me.

... The village chief posted the marriage permission letter one month in advance, and no one protested. However, finally, I found out that his wife also lived in my village. I didn't know what he said to his wife, but it did make me feel oppressed.

... I was really angry with him for lying to me for so long. If I had known that he was already married, I wouldn't have agreed to marry him. I could have cancelled the wedding but I didn't want to embarrass my mother. (IDIBB3)

2.1 Impact of disability, violence and poverty

The research found a strong correlation between disability, violence and psychiatric disturbance. Psychiatric disturbance was measured using the Self-Reporting Questionnaire (SRQ) - developed by the World Health Organisation (WHO). Women without a disability and who did not report experiencing violence had the lowest levels of psychiatric disturbance, while women with disabilities who had experienced violence suffered the highest levels.



Graph 1: SRQ scores on mental health by disability and partner violence status

Women with disabilities were more likely than those without disabilities to sleep badly, feel frightened, have trouble thinking clearly, cry more than usual, feel their work was suffering, feel like a worthless person, feel tired all the time, think about ending their life and to have tried to do so.

Poverty, like gender, disability and violence, mediates women's wellbeing. Poor mental health status in women with disabilities is influenced by poverty, exclusion and poor access to community services including healthcare. Women and men with disabilities can experience poor mental health due to disability-related discrimination and the negative impacts of exclusion from meaningful participation in education, family life and work (Glass et al., 1999; Kandel, 1998; Tew et al., 2012). When this risk factor is combined with gender discrimination and violence, it is not surprising that women with disabilities reported higher levels of mental distress.

Violence perpetrated by family members had a greater impact on women with disabilities than on women without disabilities. Of women with disabilities, 92.2% reported that family violence had affected their health, compared to 66% of women without disabilities. Some 18.8% of women with disabilities reported being injured, compared to 8.5% of women without disabilities. This highlights a particular vulnerability for women with disabilities, given that people with disabilities generally have less access to health services in Cambodia (Kleinitz et al. 2012).

3. Disclosure and seeking help

The survey found high levels of acceptance of men’s dominance over women and that women are generally expected – including by women themselves – to acquiesce to their partner and to keep silent about problems in the home. At the same time, there was a strong expectation that if a woman is mistreated by her partner, others should intervene to support her. These findings regarding acceptance of gender norms are consistent with other research studies in Cambodia (Ministry of Women’s Affairs, 2005: 17; Ministry of Women’s Affairs, 2010: 12 - 24).

Statements regarding male/female roles	Number of all respondents who agreed with the statement
Obeys him even if she disagrees	66.1%
Keeps family problems in the family	88.1%
It’s important a man shows his wife he’s boss	71.8%

Less than half of all women surveyed (42.9%) had ever disclosed that they had suffered family violence; the rates of disclosure were similar for women with and without disabilities. Less than half of all women surveyed (45.6%) had ever disclosed partner violence; women with disabilities were much less likely to disclose partner violence (32%) than women without disabilities (56.2%).

I did not report it [violence perpetrated by her partner] to anyone since it was our personal matter; no one would come and help us with it. (IDIBB3)⁶

All surveyed women were most likely to disclose experiences of violence to other family members or neighbours, rather than to local authorities, doctors, police or community services. Women with disabilities described complicated situations where family members or neighbours may intervene but relief from violence is only temporary; where they are encouraged to reconcile with their partner; or where they themselves feel conflicted and want to stay with their partner but want the violence to stop, though this seems unlikely given previous behaviour.

I just told my relatives. I never told the local authorities about my husband’s violence. I didn’t want to break the relationship, so I just tried to be patient ... his father is the vice-chief of the village, but he never educated his son not to do such bad things. I have never told other people because they will not think it is true, and since my father in law is the vice-chief, most people in the community respect him. They are afraid that they will not be invited to participate in the community or receive gifts. (IDIBB5)

At the beginning when I got married the relationship went well. When I was pregnant with my first child he said he was shy about having a disabled wife. At that time I felt very sad so I ran away to live with my mother and step-father as they were still alive. A few days later he came to ask me back. He said, “I want you to come back home because there is no one to cook or do the housework. I will stop mistreating you.” My mother said it was normal for a husband and a wife to have conflicts. Finally I decided to return home after ten days. He started fighting with me and hit me all over my body ... there was no intervention from the chief of the village at all. Then I decided to go back to my mother again. My mother always encouraged me not to think about it too much as I still have children. It’s the reason I feel I have to go back home [to my husband]. I’ve left home about ten times. (IDIPP3)

Women with disabilities described family members and neighbours intervening to stop violence, without being asked. In the villages where the women live, it is quite likely that other villagers know about the violence without women disclosing their experiences.

When my father hit me, my uncle and aunt came to help me. But my father said, “She’s my daughter to whom I gave life.” They were afraid to do anything. I remember one old man who is my neighbour told my father, “You better stop hitting your daughter; she is an adult now.” So he stopped hitting me that time, but a few days later he hit me again. I never asked the neighbours for help because he told me that if I ask others for help he would kill me. He never hits my sisters. He does not love all his children equally. (IDIPP1)

I do not talk aggressively back to him [my husband], just plead with him, “Do not hit me”. Then he might listen to me and stop for a while. One time some neighbours came and told him, “You better stop hitting your wife,” and then took him away from me to their home. I expected that he would drink alcohol and then hit me again. Instead, they just took him away to explain about good behaviour and about domestic violence. Then, after he came back, he did nothing. (IDIPP3)

The number of surveyed women who suffered family violence and actively sought help from a village leader, police, shelter or other community organisation was negligible. No one had sought help from a hospital, legal advice centre, the courts, religious leader, or anyone else not suggested by the research team. However, given the absolute numbers who had sought help were so low, the results must be interpreted with caution.

6. Note that this violence occurred prior to the women’s impairment, which occurred as a result of a land mine accident.

Rates of help-seeking in response to partner violence were higher: over a quarter had sought help from a local leader. Again, no one had sought assistance from a legal advice centre, court, shelter, religious leader, or anywhere else not suggested by the research team. Again, as so few women had sought help, results must be interpreted with caution.

Help for family violence sought from...	Women with disabilities (n=54)	Women without disabilities (n=34)	Overall prevalence (n=89)
Local leader	5.6%	5.7% (ns)	5.6%
Police	3.7%	0% (ns)	2.3%
Shelter	0%	5.7% (ns)	2.2%
Women's organisation	1.85%	0% (ns)	1.1%
Disability organisation	3.7%	0% (ns)	2.2%

Help for partner violence sought from...	Women with disabilities (n=20)	Women without disabilities (n=30)	Overall prevalence (n=50)
Local leader	30%	23.3% (ns)	26%
Police	15%	6.7% (ns)	10%
Hospital or health centre	5%	3.33% (ns)	4%
Women's organisation	0%	6.7% (ns)	4%
Disability organisation	5%	0% (ns)	2%

* The difference in rates of help-seeking between women with and without disabilities was not statistically significant.

Women described responses from local authorities ranging from disbelief, to token interventions, to genuine attempts to help.

I went to the village chief, but he didn't believe me, saying that no one would take such a disabled girl like me. He didn't believe me about the rape until I got pregnant. (IDIKS1)

I once filed a complaint to request my husband to provide some money for my child. But I did not get any result at all. I am not sure if they [the local authorities] think my story is a joke or something. Whenever I went there, they told me that there are many cases to be dealt with, not just mine. I told them that I have a lot more difficulty than other people in getting here to see you again and again. (IDIBB5)

I was injured once when my father hit me. I went to meet the police who called Handicap International to bring me to Banteay Srei's safe house. The next day, they called my father to swear to stop hitting me. Then I went back home with my father. I was frightened when he hit me. Now he's stopped hitting me and I feel normal. (IDIBB6)

Later, he hit me until I got a bloody nose. I went to the police, who arrested him and kept him for more than one day. They said, "You cannot hit her because she is a woman with a disability. If you hit her a second time we will send you to the Commune Police." From that time he rarely hit me. I started to think that if I went to inform the police again they would jail him ... so I tried to accept the violence towards me. I pitied him. (IDIPP3)

These findings indicate that there are significant barriers to accessing help for all women suffering interpersonal violence, and that these appear to be more acute for women suffering family violence. Such barriers may include: physical barriers (distance from services, inaccessibility for women with disabilities); communication barriers (women do not know about services, services appear to be only for women experiencing partner violence, information is not in accessible formats); and attitudinal barriers (service providers and local authorities do not identify violence as a critical problem, do not recognise signs of family violence, discriminate against women who are poor and / or women with disabilities).

From the experience of the organisations involved in this research, and according to key informant interviews, it appears to be more difficult for women with disabilities to seek help from local authorities and community organisations than for women without disabilities. The fact that the research data did not uncover differences does not mean that services are equally (in)accessible for women with and without disabilities. How this affects women with disabilities is an area worth further investigation; however, lack of information should not stop services from immediately making changes to how they promote their services, to make clear that they will support women experiencing family violence as well as partner violence.

In summary, we found that the combination of disability and gender discrimination produced disturbingly high levels of violence against women with disabilities. Some women expressed a sense of powerlessness and resignation, though many also spoke positively about times when violence had decreased. Family members, neighbours, local authorities and NGOs are making attempts to challenge violence even as they may also be condoning or complicit in discrimination and violence against women. This highlights the need for community-based responses to violence which recognise and build on existing community attempts to challenge and respond to violence with an understanding of the diverse sources of discrimination and vulnerability and varying experiences of women.



Front cover image taken from the *Triple Jeopardy Community Toolkit—Challenging Discrimination Against Women with Disabilities*. Illustration by Moeu Diyardaravuth.

This training toolkit was developed collaboratively by Banteay Srei, the CDPO, CBM Australia, IWDA and Monash University to raise awareness and challenge discriminatory attitudes on disability, gender and gender-based violence. Only using pictures and conversation to deliver the training, it provides communities with ideas on how to include and support women with disabilities in the community.

4. Financial autonomy

All surveyed women generally had limited access to financial and other resources, but women with disabilities had less power, control and access to resources than women without disabilities. Disability has a clear negative impact on women's financial autonomy – their ability to earn money, keep their money, and to own small and large assets. However, these findings sit within a broader context of poverty and 'developing' country status.

A large majority of women with disabilities reported earning money (70.6%), though fewer than women without disabilities (81.4%). According to in-depth interviews, women supplement earned income with growing their own food, bartering and support from NGOs.

I work for the others on their fields and gather bamboo shoots. I don't have my own field. Sometimes I barter my labour for rice. (IDIKS3)

[The organisation gives my child] 25 kg of rice. It's not enough, but it's better than the past. Before the organisation came to help, I faced real hardship – I had to take my father's rice. When he got drunk, he said, "You take my rice!" Now I raise chickens and sell them to earn money. ... I also grow bananas. (IDIBB4)

My effort always brings about success. I had a lot of [sewing] work to do, but last year, due to the accident, my work decreased. Nevertheless, I still have daily work. ... I also provide work to other people to do at their house. (IDIBB3)

The research measured women's control over the money they earned by looking at whether they could spend money how they wanted; and if they had to give some or all their money to someone else. Most women, regardless of whether or not they experienced disability, were required to give at least some of their money to someone else and most women could not spend money how they wanted.

Indicator of financial autonomy	Women with disabilities	Women without disabilities
Earn money	70.6%	81.4%
Can spend money how I want	13.4%	3.5%
Have to give all my money to someone else	5.5%	2.8%
Have to give some of my money to someone else	81.1%	93.7%
Earnings or savings taken against my will	18.35%	16.6%*
Able to raise enough money in an emergency to survive four weeks	20.50%	48%

*The difference between the two groups is not statistically significant.

A final indicator of financial autonomy was ownership of small and large assets, such as small animals, mobile phones, jewellery, house or land. Women were asked about ownership of 11 separate assets, with potential scores ranging from zero (owned nothing) to 11 (owned all items asked about). The average asset score for women with disabilities was 3.2; for women without disabilities it was 5.2, showing that while women with disabilities may be able to earn and spend money, they are particularly disadvantaged in relation to ownership of assets. This indicates that they have more limited capacity to acquire and hold onto assets that also serve as stored value and can potentially be sold for security in times of need, increasing their vulnerability.

I did not get anything much from my mother because she gave everything to my sisters and brothers. I received one cow from her but I sold it when I was sick. My mother used to say that she would leave me something, but she gave it to my older sister. Thus, after my mother passed away, I did not get anything. (IDIBB5)

Asset	Women with disability who own (n=177)	Women without disability who own (n=177)
Land	45.8%	70.1%
House	42.4%	72.9%
Business	4.6%	11.9%
Large animals	22.9%	37.5%
Small animals	32.6%	55.1%
Produce or crops	40.6%	58.2%
Large house items	29%	55.7%
Jewellery, gold etc.	31%	44.3%
Mobile phone	37.5%	54.8%
Private transport	33%	60.5%
Other property	33%	20.7%

Women with disabilities who were currently or previously married were significantly more likely to own assets than never married women with disabilities. While marriage clearly brings benefits in terms of access to resources, a number of women also spoke about being trapped in relationships with violent partners so that they could ensure their children were provided for.

Women with disabilities commonly described disability-related exclusion that prevented them from taking up opportunities that could alleviate their poverty.

Because I cannot earn income to support myself, I don't know how I can earn income to support my child. I used to ask other shops and NGOs for work. But they do not accept me because I am a wheelchair user ... some people show a lot of discrimination. They look down on my ability. (IDIBB4)

Asset ⁷	Ever married with disabilities who own (n=75)	Never married women with disabilities who own (n=102)
Land	70.7%	27.5%
House	76%	17.6%
Business	9.5%	1%
Large animals	33.8%	14.9%
Small animals	44.6%	23.8%
Produce or crops	58.1%	28%
Large house items	41.2%	19.6%
Private transport	48.6%	21.8%
Mobile phone	48%	29.7%
Jewellery, gold etc.	26%	34.7%
Mobile phone	48%	29.7%

Yesterday there was an NGO coming to grant loans ... I wanted to become a member of the borrower group but they didn't allow me; they said I had no work, so I didn't have the ability to earn money to repay debt. I was not angry with them but upset with myself. I didn't insist. If they were good they would have allowed me to take part. When I take part in activities most of them don't want me. Neither my family nor my friends support me. (IDISRU1)

Poverty and vulnerability in turn exacerbated discrimination and mental distress.

I can only be hired to cut rompeak trees and make baskets ... to make money for my children's study. My husband sends me 150,000 riel and a bag of rice costing nearly 100,000 riels every month. Can you imagine how my children can go to school with this money and what would happen if their bicycles were out of order? I worry so much because I have to spend money on many things, especially on my children's studies. (IDISRU1)

It appeared that women with disabilities were still expected by their husbands to provide for their children, despite the constraints they faced. Women's care-giving responsibilities and financial difficulties were an obstacle to leaving violent situations.

If from now on he stops hitting me then I will stay with him. However, if he keeps doing the same thing I may decide to separate from him. But I just need help from you all, otherwise, where can I find a job? (IDIPP3)

Financial autonomy is critical to women's independence, their ability to meet material needs, to leave abusive relationships and their sense of self-worth. The research underlines the importance of understanding the relationship between disability, gender and economy, as a basis for identifying what is required for women with disabilities to have meaningful options to improve their lives, including leaving violent relationships.

5. Community support and discrimination

Community members both support women with disabilities and discriminate against them. Women described discrimination from childhood: they were denied full access to education, teased by peers when they did go to school, and belittled by other community members.

Women gave contradictory responses regarding relationships with neighbours, describing appreciation of practical offers of rice and other forms of assistance, but also accepting belittling language 'because I am disabled'. Access to healthcare was made more difficult by limited assistance from others and discriminatory and sometimes predatory practices from health practitioners. Women with disabilities struggle to enjoy sexual and reproductive rights: they are less likely to marry, their sexuality may be denied, and they may experience predatory male behaviour. Nonetheless, there were hopeful stories of friendships or interventions in partner violence.

5.1 Education

Some 28.2% of surveyed women with disabilities had never been to school, compared to 19.2% of women without disabilities. Women described mixed experiences of school: often they were not at school for long; some enjoyed school; others spoke about cruel peers who refused to be their friends.⁸ Women with disabilities generally attributed their withdrawal from school to their family's poverty; however, the significant difference in the percentage of women with disabilities who had never attended school compared with their non-disabled peers shows that disability does limit school access.

After the Pol Pot regime, I started school in grade one. My parents passed away during the Khmer Rouge time. I had to earn income and study at the same time to support my young sibling. I quit studying in grade 4. (IDIKS6)

I went to study [sign language] with Handicap International. I didn't go to school because I cannot speak. (IDIBB6)

They [the students] imitated my deformed walking. I got angry with them and wanted to hit them ... I told them not to imitate me and walked away. I told my teacher and my teacher told them not to imitate me. The male students discriminated against me; I got angry. They cursed me, saying, "You're crazy, you're stupid, stop playing with me, I don't want to play with you." So I walked away ... I felt upset because I didn't have good friends. (IDISRU3)

7. Data on 'other property' was missing from the dataset available to the authors.

8. Note that the African Child Policy Forum research found that other children are common perpetrators of violence against children with disabilities (The African Child Policy Forum, 2010).

5.2 Healthcare

Many women with disabilities face significant barriers in accessing health care, including sexual and reproductive health services.

These barriers include having to ask permission from their families or partners before seeking treatment. This was worse for women with disabilities than women without disabilities.

Expects you to ask permission before seeking health care for yourself	Women with disabilities	Women without disabilities
Families	48.6%	34.7%
Partners	71.1%	49.2%

Other barriers discussed by women include family members and partners physically stopping them from going to a medical practitioner, partners taking money saved for healthcare, family and partners refusing to care for them, cost, and the low quality of available services, particularly in rural areas. Requiring assistance from a family member in accessing healthcare can be a barrier as this means the carer cannot engage in paid work.

They [the hospital staff] didn't help me, but asked for money all the time until my first child died. They blamed me, asked for money, and told me to buy the tablets and serum myself. ... I had a second baby. The second child died before birth. ... The doctor blamed me and asked me for money, that's why I sold two more fields. At hospital, there was a rumour that I had been infected with HIV and had been flirting with men, which made me cry. (IDIKS1)

I asked my husband to take me to the hospital, but he refused and tied up my cart so I couldn't go ... for the sake of my child I struggled to go. ... I saved 50,000 riel for spending after giving birth. He [my husband] stole that money to pay for his drinking.

I sat down and cried out, "... where can I get the money to spend after giving birth?" I tried to be good with him to get the money back – I agreed to sleep with him when I was pregnant. ... He eventually bet all the money in gambling – nothing remained. ... When I was at the hospital, he didn't come to care for me, but asked for 10,000 riel ... I refused ... so he stole my skirt to sell. (IDIBB4)

After I fell ill, both my mother and my husband's relatives gave me support but I could not recover. Over ten years of my illness, I sold all of my properties. Now I have nothing ... and my husband seems to be hopeless; he doesn't bother even earning a living. ... Only my mother took me to receive medical treatment. ... The physician said I have bone cancer, and recommended that I get an injection costing \$50-\$100 to shrink it. I did not get the injection because I got dizzy on my way there. I only got my blood tested and had an x-ray to see where the tumours were spreading; some parts of my rib and coccyx are corroded.

... Now I don't know if the virus is corroding my foetus. ... The foetus ... makes me uncomfortable to bend down and move... it makes me feel like urinating uncontrollably. ... My mother and relatives believed the physician when he said that my illness cannot be cured ... and they leave me alone now. (IDIBB1)

The majority of all women surveyed who had been injured by a partner (68%) or family member (82.9%) had not received health care for the injury, with little difference between women with and without disabilities. Few women disclosed to their healthcare worker the real cause of their injury: only 21.7% of those injured by a family member and 30% of women those by a partner. Again, the rates were similar for women with and without disabilities. The stigma and shame attached to interpersonal violence is another barrier to accessing adequate healthcare.

In the in-depth interviews, some women described measures which promoted access to healthcare, such as NGOs visiting the village to help disadvantaged people, village chiefs providing referrals, and family members assisting them to get to a clinic.

I got this walking stick from the ICRC when I left the hospital. I have changed two walking sticks so far. (IDIBB2)

My relationship with my neighbours is good. They have sympathy for me and advise me where I should go to for treatment. The village chief also helps contact the physician. Some staffs used to come to make a report. When I am due to give birth, I will be taken to hospital free of charge. (IDIBB1)

5.3 Relationships and sexuality

Some 38.4% of all research participants said they had never been married or lived with a (male) partner, but the rate is much higher for women with disabilities (57.6%) than those without disability (19.2%). Women with disabilities were significantly more likely to live with their family of birth (71.1%) than those without (44.6%).

I do want to get married but I think no one will love me. ... If I were to be married, I would be afraid that he is not faithful to me because I have a disability, I could not cook for him and bring him happiness. (IDISRU3)

Four women who participated in the in-depth interviews were made to marry a man who had raped them. One woman was not allowed to marry a man who raped her, which distressed her:

It [the rape] would not have caused any problem if my siblings arranged the wedding for me at that time. But they refused. My older sibling said, "No one will marry you. Don't ... blame ... me if you get pregnant because you don't listen to me." ... I had surgery while giving birth. I sold my cows and field to pay for surgery costs but the baby died. When I was at the hospital, the doctor told me off, "This is the result of flirting with men. It took a long time to help you." (IDIKS1)

For women with disabilities, sexuality can be difficult to navigate. They may be expected to have no sexual desire and no right to hope for marriage and children, or they may be viewed as women with uncontrollable desires, or seen as targets for sexual abuse. The interviewed women did not talk about expressing or experiencing their sexuality in a positive way, but rather with regret.

One day ... I went to visit my aunt's house ... to go paddling and pick water lily and lotus. I wanted to go there because I had been disabled for 10 years and never went anywhere. I met a man there. He was good with me by helping me do work ... he always told me that in the future we couldn't totally depend on the relatives other than our spouse and children because they also had to care for their own families. ... I thought that he would love me until the end. However, after he successfully got my body, the trouble started because he never listened to me ... sometimes when relatives or friends came to visit me for one or two nights, he got angry with me because he couldn't sleep with me. ... After getting divorced, I didn't want to have another husband. However, I couldn't meet my child's needs, and I met another man. ... I don't understand why I had sex with him – I regret doing that. He urged me by using sweet words. I thought that my livelihood might have been better if I took another husband, and I eventually lived with him for five months. (IDIBB4)

He [the man who raped her] always visited me, but I hated and ignored him because the neighbours gossiped a lot. His older sibling refused to allow him to take me as a wife. My nieces and nephews didn't allow me to take him either. If my niece / nephew had known, they would also have disagreed with me – sometimes they evicted me from the house, accusing me of calling guys to come to the house. (IDIKS1)

When I lived with my husband, people were friendly to me, but after the divorce, they started to say that any man coming to visit my house is my lover. (DIKS5)

5.4 Inclusion and isolation

Almost all participants in the research (95.8%) regularly attended a group or participated in an organisation, such as a savings club, political group, arts or sports club, religious organisation, disability support or women's organisation. Women with disabilities were less likely to regularly attend a group or organisation, and were more likely to have been prevented from attending a meeting or participating in an organisation than those without disabilities (6.2% and 1.1% respectively). Women with disabilities were more likely to have been prevented from attending by birth relatives, friends and neighbours or others while those without a disability were more likely to have been prevented by partners.

Before I had a disability my relatives used to take me many places. Now they say it is too hard to bring me along. (DISRU1)

Sometimes the ceremony owners invite me to the 'eating' ceremony or wedding party to wash dishes. I feel that people don't like me because I have a vision impairment. I do not have new clothes or much money. (DISRU4)

[My neighbours discriminate against me] using words, like calling me 'mi kombot'. I feel disappointed whenever I hear that word. ... Disappointed, but not angry because I'm disabled, that's why they call me that. (DIKS2)

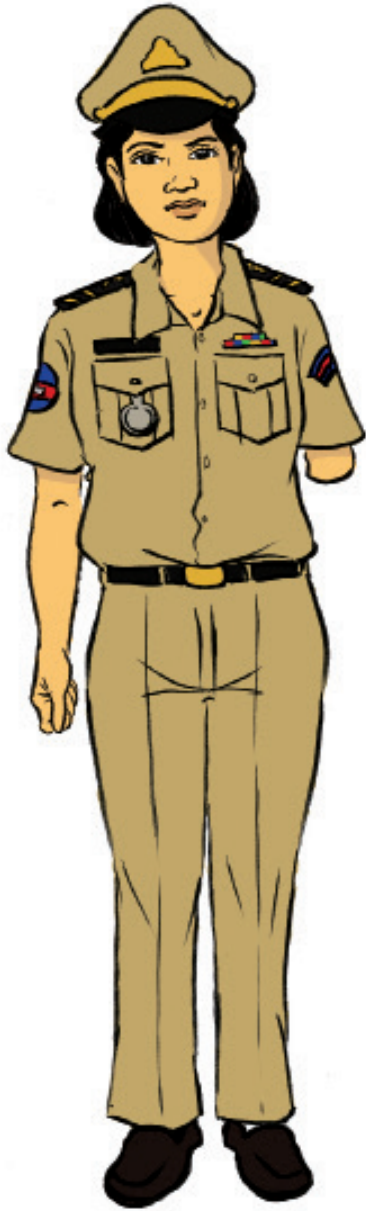
They [the neighbours] do discriminate against me. When I was rich and could walk, they came to borrow money and see me, but after becoming disabled and poor, no one comes to see me when I am sick or wants to talk to me. People don't want to buy things from me. (DIKS4)

They [the other children] ran away from me if I queued next to them. They didn't put their hands on my shoulder when we queued. I always felt disappointed. They didn't even play with me. ... My cousin said, "She is so piteous that we should allow her to play with us," but they still refused to play with me unless there was no choice. ... As I've grown up, the discrimination seems to have decreased because they have started to understand my words and have similar thinking to me. I have started to have female friends. I feel that I have a normal life like other people, but I still feel disappointed when I join a ceremony or wedding party: I don't have a beautiful walk. I want to wear beautiful clothes, but I can't be pretty like the others. I don't know if other people like me because when I look at myself in the mirror, I find it not pretty. (IDBB3)

Some people don't understand about disability. I used to visit my family during the water festival. People used to say, "Why do you come here with such difficulty? It's difficult to assist you, you better stay at home." Although I was ok with this, my friend got very angry. She shouted at them, "How about you, why do you also come here?"⁹ (IDIPP5)

Social constraints associated with gender, disability and poverty, and patriarchal gender norms, shape the expectations and self-understandings of women with disabilities and the attitudes and behaviours of the wider community. In such a context, tackling discrimination and improving opportunities for women with disabilities needs to reinforce and extend existing community-based support and challenge violence and discrimination by equipping people with knowledge and improving access to services.

9. Note also the instances of community members supporting women when they have experienced violence in the section on disclosure and help-seeking.



A selection of picture cards from module 3 of the *Triple Jeopardy Community Toolkit*. Illustrations by Moeu Diyadaravuth. In this module, participants understand what is gender; that women experience certain kinds of violence and discrimination because they are women; and that they can change this.

6. Practice implications

Despite the frequent and common occurrence of violence among women with disabilities, service providers and community organisers are largely failing to reach this vulnerable group. According to the experiences of the organisations involved in the research, many services in Cambodia for women experiencing violence are aimed at women experiencing partner violence, effectively excluding women with disabilities who experience family violence. Whilst some local authorities assisted women with disabilities who were experiencing violence, many failed to attend to women's claims, and / or did not recognise the abuse as a violation of rights.

6.1 The need for broad social change

Effectively addressing violence against women with disabilities will require broad social change consistent with the aims of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD).

CEDAW frames the agenda on the rights of women and girls, with priorities to address violence against women highlighted in the UN General Assembly Resolution 63 / 155 on intensification of efforts to eliminate all forms of violence against women. Gender-based violence is a result of unequal distribution of power between men and women (Tsai, 2013). Awareness and promotion of women's rights and more equitable and respectful relations between women and men are central to reducing the incidence and impact of violence against women.

Similarly, the CRPD frames the disability rights agenda, clarifying and qualifying how human rights apply to people with disabilities. There has been an increased focus on disability inclusion in international development in recent years, with the aim of ensuring that people with disabilities fully participate in and benefit from development. This approach is vital to reducing the vulnerability of people with disabilities, enabling their agency and access to healthcare, education, employment and justice and general family and community life on an equal basis with others.

Without broader social change to the way in which women and girls, and more broadly people with disabilities, are perceived and included, the impact of measures to prevent and address violence against women with disabilities will remain limited.

6.2 A twin-track approach

A twin-track approach is recommended to effectively address both the gendered aspects of disability and the experience of women with disabilities in gender initiatives. This approach has been used to integrate both gender and disability into development initiatives, combining specific initiatives which target the group in question (women/people with disabilities) and inclusive initiatives, in which disability or gender is included as a cross cutting issue.

Effective integration of gender and disability requires the participation of women and girls, and people with disabilities, at all levels and stages, including in shaping policy and practice priorities. Strong women's organisations and disabled people's organisations (DPOs) are essential for enabling effective participation. The organisations involved in this study – Banteay Srei and the Cambodian Disabled People's Organisation (CDPO) – are good examples of such organisations.

Examples of what is involved in applying a twin track approach to both gender and disability are provided below. In all cases, routine data collection should include and identify women with disabilities and data should be disaggregated by sex and disability.

Disability as a cross cutting theme within violence against women initiatives

- The definition / understanding of violence against women encapsulates the experiences of women with disabilities.
- The experiences of women with disability are accounted for and addressed within gender-based violence policies and programmes.
- Disability is seen as a visible and relevant issue to be addressed within initiatives that address violence against women.

Actions focused on disability within violence against women initiatives

- Specific awareness-raising of violence against women with disability.
- Providing support services that target the unique experiences of violence among women with disabilities, for example targeted family violence initiatives.
- Referral systems that enable women with disabilities to access assistive devices, (such as crutches, low vision canes, hearing aids) to limit the impact of impairment on everyday functioning and ability to address or escape violence.

Gender as a cross cutting issue within disability initiatives

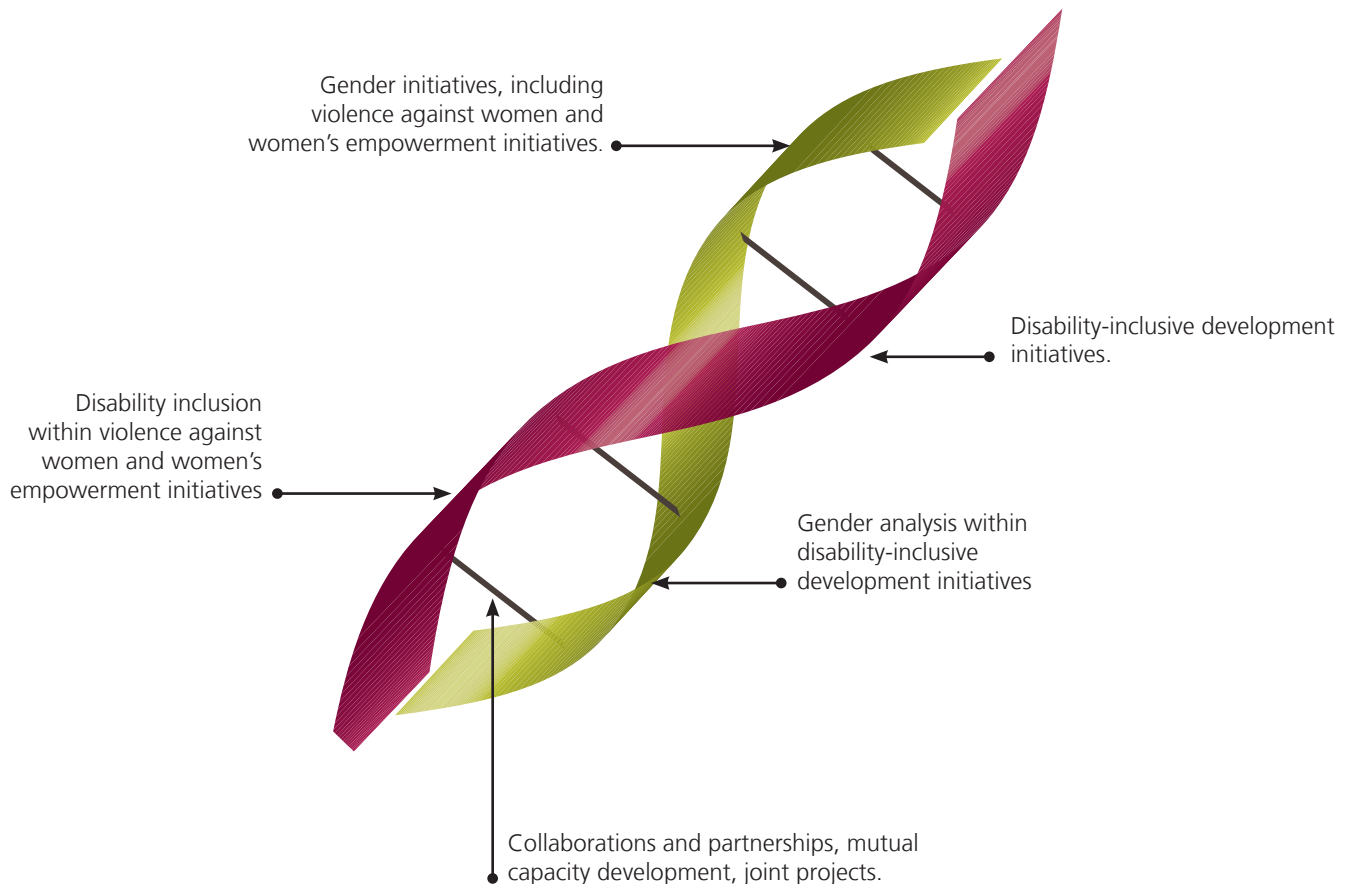
- Planning and implementing disability advocacy, inclusion initiatives and service provision in a gender sensitive manner, so that the different experiences of women and girls and men and boys are explored and addressed.
- Addressing the barriers women face to participating equally in decision making and leadership within DPOs, including strengthening skills and confidence and shifting understandings of the competencies requires for effective leadership.

Targeted gender initiatives within disability initiatives

- Facilitating women with disabilities, self-advocacy groups.
- Empowerment and capacity development initiatives with women with disabilities.
- Providing targeted women's services with a focus on freedom from violence and access to sexual and reproductive health services.

When disability and gender discrimination are robustly addressed in a separate and integrated manner, disability and gender initiatives can be understood as both parallel and intertwined / linked, as depicted below.

Strengthening collaboration and partnership can improve efficiency as disability and gender specific initiatives are likely to overlap. For example, a targeted sexual and reproductive health service for women with disabilities may be a joint venture between disability and gender based violence service providers. Collaboration and partnership also allows for mutual capacity development between gender and disability organisations.



A comprehensive approach to gender based violence for women with disabilities

6.3 Implications for policy and programming

1. Awareness raising

Reducing violence against women with disabilities requires increased awareness of people living with disability in the community, their experiences of exclusion and poverty, and their rights. People with disabilities are often largely invisible, statistically, socially and within policy and programming. For example, the specific discrimination experienced by women with disabilities is not mentioned in the Convention on the Elimination of all forms of Discrimination Against Women, and is addressed only in passing in the UN Secretary General's 2012 report on intensifying efforts to reduce violence against women. Disability inclusion requires concerted awareness-raising at regional, national and community levels, with attention to inequalities between women and men.

Increasing media awareness of the rights of women (and men) with disabilities and the discrimination they experience, and enabling women with disabilities to contribute their perspectives in traditional and new media can support other efforts to promote visibility, voice and respect.

The *Triple Jeopardy* research partners developed *Challenging discrimination against women with disabilities: A community toolkit*¹⁰ to raise awareness of gender, disability and violence in Cambodia. It is available for adaptation to other contexts.

2. Participation

Meaningful participation of women, including women with disabilities, is essential to ensure that awareness raising, prevention and other initiatives addressing violence against women are contextually relevant and effective. Participation also builds knowledge and raises visibility, contributing to shifting attitudes. Having women with disabilities as research partners in this study challenged common assumptions in Cambodia that women with disabilities cannot learn, earn an income or fill professional roles. Establishing a mechanism such as a women's taskforce within DPOs could assist with promoting the active participation of women and girls with disabilities.

3. The scope of violence against women initiatives

Violence against women needs to be defined in ways that explicitly reflect the experiences of women with disabilities, including by incorporating a greater focus on family violence and explicitly mentioning the issues and risks of violence facing women with disabilities. Violence against children with disabilities should be further investigated and addressed, given the findings that many women experienced abuse from childhood.

Campaigns addressing violence against women should include family violence, not just intimate partner violence, and target the general public, groups of survivors and potential perpetrators.

4. Conflict resolution and law enforcement

Law enforcement personnel at all levels should be provided with training on the rights of women including women with disabilities and associated laws, with specific training addressing all forms of violence against women and the particular risks facing women and girls with disabilities.

Recognising that discriminatory attitudes can limit the effectiveness of training, there should also be clear legal guidelines and appeal mechanisms for cases of violence against women. Conflict mediation training for village leaders that includes information about the rights of all people with disabilities and laws prohibiting violence, combined with awareness raising of this avenue for redress, would support improved access to justice for women with disabilities. Reasonable adjustments may also be needed to legal proceedings on a case-by-case basis.

5. Service provision

An emphasis on prevention and changing community attitude needs to be combined with improved services for survivors of violence. Improved access to mental health services for all women, particularly women with disabilities, is a priority given the levels of mental distress documented in this research. As these services are developed, a focus on inclusion and awareness of the mental distress caused by partner and family violence will help ensure their relevance for women with disabilities.

In addition, other options to reduce the mental distress of women, including those with disabilities, should be explored. The majority of women surveyed were part of a community group, providing a good place to start. Increased social interaction and engagement in meaningful activities can build skills, improve income generation options and improve health and wellbeing (Glass, et al. 1999; Kandel 1998; Tew et al, 2012), particularly for victims of violence, and also for perpetrators of violence, who may have poor mental health also. Community groups also provide a platform for peer support, experience sharing and self-advocacy. They should be encouraged and resourced, and options explored for building awareness of violence and basic active listening skills. This is consistent with a whole community approach, which is essential to effectively combat violence against women.

If the benefits of community involvement are to extend to all, community groups and structures need to be inclusive. A twin track approach can help ensure that group meeting places and attitudes are accessible to all, and targeted initiatives enable women with disabilities to attend, for example by assisting with transport, or challenging the control families often have over the mobility of woman with disability.

10. www.iwda.org.au/research/triple-jeopardy

Where there are community based rehabilitation (CBR) initiatives (which aim to meet the community level needs of people with disabilities), selected CBR workers should be trained in basic counselling and violence initiatives. CBR initiatives can also facilitate inclusion in other community groups and apply a gender lens, using a twin track approach.

6. Capacity development and addressing livelihoods

Poverty causes stress within families (Tsai, 2013). This study showed its impact on the ability of women with disabilities to feel they were able to leave violent situations and provide for themselves and their children.

Initiatives that target survivors of violence against women should integrate skills development and income generation initiatives to strengthen women's financial autonomy, or link to services that provide this. Increased opportunities for skill development and income generation also positively influence mental wellbeing. Mainstream skills development and income generation programs also need to be more inclusive of people with disabilities, including women, who are often effectively excluded from such initiatives.

7. Data

Violence against women initiatives can play a role in reducing the common invisibility of people with disabilities (Mont, 2007) by ensuring all data collected contains specific indicators on disability inclusion and is disaggregated by disability. This includes information collected in censuses, violence surveys, and by legal enforcement and victim services. Data collected about disability should be disaggregated by sex, to deepen evidence about the different experiences of women and girls and men and boys with disabilities. This includes sex-disaggregation within the membership and leadership data of DPOs.

8. Collaboration and integration of gender and disability

Addressing violence against women with disabilities will require a concerted effort towards the integration of disability and gender. Practical strategies include multidisciplinary task forces for violence against women at national and community levels (UN General Assembly, 2012) which can also facilitate mutual capacity development and joint initiatives. For example, disability stakeholders can provide disability rights training, gender stakeholders can provide gender content, and work together on toolkits, checklist and standards for gender and disability integration. Some of the researchers involved in this study have begun to develop these types of resources. Individuals involved in research such as *Triple Jeopardy* can support integration by providing advice on disability and violence against women, within Cambodia and regionally.

9. Research recommendations

There are many areas for further research on violence against all persons with disabilities, particularly in 'developing' countries. All research should be sex-disaggregated. Large-scale studies should also be disaggregated by type of impairment. Considering children's vulnerabilities, urgent research is needed on violence against children with disabilities (with careful consideration to ethical issues and providing a safe environment for children). Further research is also needed on the experiences of men with disabilities, due to their own vulnerabilities and to avoid depicting women (and children) as naturally 'victims'. There may be particular communication issues to consider in conducting research with people with hearing and intellectual impairments which have been barriers to conducting research with them to date. This makes it all the more urgent for major research to be undertaken with people who experience these kinds of impairments. As this research shows, having a comparison group is critical in highlighting the different experiences of people with disabilities. Explicitly including women with disabilities in the survey population and surveying them in a way that enables them to speak safely about their experiences increases the reported prevalence of violence compared with a survey methodology that effectively excludes women with a disability. Finally, further research is needed on support to women with disabilities who experience violence, to identify avenues and barriers to access.

6.4 Conclusion

This research highlighted both the resilience and the vulnerability of women living with disabilities in Cambodia. By sharing their stories, participants have deepened our understanding of how different forms of discrimination intersect and multiply risk and vulnerability to violence, and how to approach these issues. The research has highlighted the need for strategies that engage whole communities, and integrate gender, disability and poverty initiatives.

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About IWDA

International Women's Development Agency is the only Australian development agency entirely focused on gender equality and women's rights in Asia and the Pacific.

IWDA's vision is for a just, equitable and sustainable world where women enjoy the full range of human rights, where women and men interact with dignity and respect, and where women have an effective voice in economic, cultural, civil and political structures.

IWDA works in partnership with women's groups and through advocacy to create empowering and transformative change for women.

IWDA is deeply connected with the global women's movement and the feminist history that informed the foundation of our organisation in 1985. IWDA has consistently worked to catalyse and accelerate change in our region through local, national and international partnerships, alliances and networks.

As a secular, not for profit agency, IWDA works within a Gender and Development framework, seeking to promote respectful relationships between men and women at all levels of society. It promotes the rights of women as enshrined in key international conventions and resolutions.

About *Gender Matters*

Gender Matters is a new publication series intended to inform and support the Australian international development community's work towards women's empowerment and gender equality. It will document issues and links emerging across IWDA's development and research programs with partners, focus on innovative theory and practice, encourage dialogue and research about uncertainties and gaps, and share learning that can inform future development initiatives. The series will be informed by and link to academic thinking and debates but does not aim to be formally academic in approach or tone.

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Disclaimer

Gender Matters explores issues that IWDA believes are important for the development sector to consider and discuss. The authors take responsibility for any errors and gaps.

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