

**PERSONAL EXPERIENCES OF DISABLED WOMEN**  
**AGAINST VIOLENCE IN ZIMBABWE AND ADVOCACY**  
**FOR CHANGE**

**Judith Tafangombe**\*

**Esther Gandari**\*\*

Violence against women is of major concern in many countries. Violence affects women of all races, ethnic groups and social classes. I will focus on the impact of these problems on poor and low-income black Zimbabwean disabled women. Schaller and Lagergren (1998) established that an alarming 33% to 83% of disabled women, depending on the type of disability and the definition of abuse have experienced some form of violence – far more than the percentage of non-disabled women. The prevalence might be higher when considering the cultural and traditional understanding of disability in most African countries. In this qualitative study I am using purposive sampling to document evidence of abuse among disabled women living in two low-income suburbs in the capital city of Harare in Zimbabwe; namely Hatcliffe and Epworth. I am investigating the incidence of, and factors related to violence against disabled women, utilising a narrative inquiry to document ten in-depth stories of women who have endured any form of violence either from their partners, immediate family members, services providers, or by the community. I am also collecting ten critical incidents from disabled women in order to establish the behaviours and skills necessary for promoting non-violence and conflict resolution strategies for this group. Data will be analysed using content thematic analysis, and the findings will assist in making recommendations to various stakeholders promoting non-violence against women, victims themselves and policy makers; with implications for policy and practice.

***Keywords:*** *disabled women, violence, abuse, conflict resolution, Zimbabwe and advocacy.*

---

\* Zimbabwe Open University Manager, Materials Development Unit

\*\* Zimbabwe Open University Lecturer, Zimbabwe Open University, Faculty of Applied of Social Sciences, Department of Psychology

### Literature review

Violence against women with disabilities involves a long list of injustices and ill treatment that is done so casually in society that it is taken almost as normal. Studies of violence in Zimbabwe have concentrated on women as a group. Women with disability suffer from the double or triple disadvantage of being women, disabled, black and mostly from low social incomes.

Domestic violence Act, which came into effect in 2007 (Chapter 5:16;) describes abuse as any unlawful act, omission or behaviour which results in death or the direct infliction of physical, sexual or mental injury to any complainant and includes among other offences, physical, sexual emotional and psychological abuse. In Section 3 (paragraph, section (n)) of the same act, it is stated that abuse perpetrated on the complainant by virtue of complainant's physical, mental or sensory disability including a visual, hearing or speech functional disability is violence. Other disabilities include incomplete development of the mind, mental illness or mental incapacity. The act was a response to the recognition that violence was a major obstacle to development. Millennium Development Goals (MDGs) recognizes women's empowerment and violence against them would hinder progress towards these targets. Studies have not isolated women with disabilities as such but we are aware that they have unique needs. They are discriminated as women first and then as people with disabilities too.

Some people with disabilities have been put into institutions permanently when they could have managed to live in supported accommodation or with assistance, in the community. They have been denied control of their bodies in relation to their sexuality and contraception. Choruma (2003) argues that sexuality of people with disability is poorly understood and often not recognized or even discussed by society and family members. Yet this is the most brutal form of violence that women with disability have to endure in the home, institutions and work place.

Women with disabilities are discriminated against in employment except for lowly paying menial jobs. They have no control over their finances and have very limited social contact. School attendance is lower among people with disabilities especially girls and in general they receive lower levels of education, which then translate into low literacy rates and therefore they cannot compete on the job market. They live in extreme poverty and negative attitudes are not just from strangers but from members of their own family, care givers, neighbours, employers or co-workers.

The African decade of Disabled People (2000-2009) was to ensure improvement in, and equalization of opportunities for people with Disabilities. However women with disabilities continue to be faced with violence, marginalization, stigma, discrimination and negative attitudes by public and family members, who expose them to high risks of abuse than any other group of people. This study will explore among other things whether the focus on people with disability and laws that have been passed in the move to protect women have had any impact at all from personal accounts of disabled women against violence in the low income suburbs of Hatcliffe and Epworth in Harare.

### Back ground

The population of Zimbabwe in 2003 was estimated by United Nations at 12,891,000 with 3% of the population over 65 years of age and 44% under the age of 15 years of age. The Government Inter- Censal Demographic Survey (1997) also established that there was a total of 218421 people with disabilities in the country (56% males 44% females). It was also established that 75% of the people with disability were living in the rural areas and 25% in the urban areas. According to Brown (1991) a personal characteristic that is not disabling in less complex societies can be a disability in a more complex and industrialized society. This is actually supported by the fact that disabilities in rural areas are seen by close relatives and fellow villagers in more socially valued roles of live stock tending, home keeping and child minding than those in urban centers. This positive visibility mitigates the perceived social role function of individuals with disabilities in rural areas as compared to urban areas who are defined more by their marginalization than their peers.

Studies have shown that domestic violence and rape affect women of all races but people with disabilities are more likely to be victims than their non – disabled counterparts Choruma (2003). Myths on curing of HIV&AIDS which proclaim that 'if you sleep with a virgin you will be cleansed', contribute to the violence as people with disability are assumed to be asexual and therefore become targets Emasu (2004:1) Literacy rates are extremely low among people with disability and compounded with extreme poverty, this may lead to practices of unsafe transactional sex.

Many women with disability are single, widowed or deserted due to social sanctions against marrying a woman with a disability. The belief is that one should marry a perfect wife. The groom could be disabled, ugly, epileptic, alcoholic and it would not matter. Maxwell, Belser and David (2007). Some beliefs are that disabled women's bodies are shameful, they cannot have any sexual feelings or that they always want sex due to the way they thrive for affection. Women with disabilities are treated badly because they have less power than their abusers, are weak and vulnerable and viewed as less important Maxwell et al (2007). The abusers can be members of their own family, caregivers, neighbours, employers, co-workers or strangers. The victims keep silent about the abuse because they may be afraid or may feel that there is no one else to turn to who can believe them. In keeping quiet violence against women with disabilities goes unidentified and might go on for long periods.

### **Nature of or extent of violence**

Women with Disability Australia, (WWDA) 2007 documented research that showed a high prevalence of gender-based violence against women with disability. Research suggests that women and girls with disabilities are 2 to 12 times more likely to be victims of physical and sexual violence than women and girls who are not disabled (Naidu et al 2005). An in-depth study by the United Nations, on all forms of violence against women (2006) found that more than 50% of women with disabilities have experienced violence compared to one third of non-disabled women. Sexual violence is gender-based and embedded in pre-existing social, cultural and economic inequalities between men and women (Mullick, Teffo-Menziwa, Williams & Jina 2010). The true magnitude of the problem in Zimbabwe remains unknown as studies on violence have not isolated women with disabilities. It is also due to great disparities with respect to reported cases of sexual violence and issues to do with the reporting procedures. Studies in South Africa (Stats SA) found that one in two rape survivors reported to the police, while a Medical Research Council (MRC) in the same country, found that only one in nine women reported their experiences of rape (Hirschowitz, Worku, Orkin, 2000 & Jewkes, Abrahams, 2002; 55 (7)) Women with disabilities have challenges of mobility and access to the justice system.

**Different kinds of abuse:**

There are different kinds of abuse that are not assault, rape or being killed. 'Women who are dependent on someone assisting them with their daily care may be shamed; deprived of food, water, or medicine; left so long that they wet or soil themselves; or not be given the care they need' Maxwell, Belser & David (2007 :289). Some girls and women with disabilities are rarely allowed to meet other people or go out of the house while others are left alone and abandoned. Maxwell et al (2007) discuss how a woman with disability may suffer abuse from someone who is also disabled. This is usually when a disabled man feels powerless and angry with his disability and takes it out by beating his partner as a way of asserting his power over her.

**Emotional Abuse:**

This happens when women with disabilities are insulted, threatened, isolated and treated as though they are worthless. Comments such as 'they are better off dead' or 'they are a burden and do not deserve to live' are hurtful. Sometimes people speak badly about disabled people to people without disability even in their presence and they get shouted at for doing things differently. When this happens they find it hard to remain strong and just like any one, if people call you names and make fun of you in front of friends, you become ashamed and withdraw and may end up believing that you are not worthy and may suffer depression as a result.

**Abandonment and Isolation:**

There are a lot of reasons why a family may abandon or refuse to care for a child with disability. Sometimes the family may be ashamed of them or they may feel that they do not have enough resources to give them the care they need. Some women are abandoned by their husbands because they are unable to accept the change in her if the disability came when they were already married. Maxwell et al (2007) discusses how leaving a woman with a disability inside a room alone is one of the worst forms of abuse. This happens when communities do not accept people with disabilities and may not want other people to know that they exist. A long time ago people with disabilities would not survive due to deliberate neglect. There is a myth that if a pregnant woman touched a disabled woman then their baby will be born with a disability. This causes people to hide and isolate people with disabilities.



**Neglect:**

Neglect happens when someone is supposed to be caring for disabled woman does not attend to her. Examples of neglect range from ignoring their requests for water, refusal to help in toileting, being left in bed too long, not being repositioned so that the body develops pressure sores and not having soiled sheets, blankets or wet clothes changed. Sometimes it stretches to not giving food or feeding them roughly. Neglect leaves a person feeling lonely and afraid. It destroys self esteem.

**Exploitation:**

The women with disability argue that it is not the disability itself that creates vulnerability but the social and political reaction to disability. This is borne out by Malinga (a senator in the Zimbabwe government who is disabled) when he describes people with disability who live in rural areas as seen by significant others in more socially valued roles of livestock tending, home keeping and child minders than those in urban areas. People with disabilities in urban areas may be defined more by their role of marginalization than their peers in rural areas. However, the harsh economic situation of the last ten years, coupled with the drought has seen people flocking into urban areas in search of relief from rural hardship. People with disability have followed this trend and this is evidenced by the large numbers that can be observed selling 'juice-cards' and different wares in the city centres. Factors that lead to increased targeting and vulnerability of many women with disabilities are:

- Domestic violence with alcohol money and sexual relations
- Powerlessness, isolation verbal threats, harassment, public humiliation, being thrown out of the house and property destruction
- Growing economic needs of women, higher education levels and improved awareness about their rights.
- Discrimination and exploitation from in-laws and loved ones and not being believed or seen as a credible witness when they report abuse and ill treatment to authorities.

Themes emerging from research show that women with disabilities are at significantly higher risk of abuse and the violence is likely to be more frequent and more severe (Brownridge 2006, Cohen et al 2005). They have no means of escape as they are sometimes confined to their homes

due to disability. In the event that the perpetrator is the care giver, the violence can go on without being detected and if ill treatment is reported, they might not be seen as credible witness and few people will believe them. The high level of dependency women with disabilities have on others is well documented as a factor which increases their risk of violence in WWDA (2007).

Access to the criminal justice system and other support services is limited, Naidu et.al. (2005). The grinding poverty that is prevalent among women is higher for women with disabilities due to low educational and employment opportunities. An in-depth study by United Nations (2006), show that 50% of women with disability have experienced violence, compared to a third of the non disabled. Many other forms of violence experienced by women with disabilities are not documented.

Other studies are challenging Government and other organizations to look at women with disability as citizens with rights and entitlements instead of continuing to look at them as dependants and in need of charity and special care (Nose 1996, 2002, 2003, Curry et.al.2002, 2003; Young et.al. 1997; Saxton et.al. 2001; McFarlane et.al. 2001).

Women with Developmental disabilities have a high likelihood of becoming a victim of abuse from people who know them. Those with physical disability experience a range of violence which include sexual, physical and emotional abuse. They experience abuse for a long time and greater stress as well as having fewer options for escaping or resolving abuse.

Personal assistants, formal or informal have been identified as perpetrators of violence. The complexity of using family and friends as providers together with limited awareness of strategies to prevent and manage abuse has made it difficult to identify. Studies by Saxton et.al. (2001), Powers et.al.(2001) Strand et.al. (2004) site social and personal boundary confusion and power dynamics as contributing factors. There are also difficulties in recognizing, defining and describing abuse in these relationships.

Institutions have a history of violence and certain levels of abuse are commonplace and to be expected, Wenham (2006)

### How is Disability Understood?

Schneider (2006) describes disability not as individual problem (medical model) but as disability being created by environmental factors. “Disability is an experience that arises out of the interaction between a person with a health condition and the context in which they live.” Disability then includes external environmental factors and internal personal factors. Oliver (1990, 1996) quoted in WWDA (2007) argues that the social model of disability draws a clear distinction between (bodily) impairment and (social) disability. The argument is that society disables people with impairments by its failure to recognize and accommodate differences through attitudinal, environmental and institutional barriers.

Emmett, (2006) in the discussion Disability and Poverty states that ‘*disability is both a cause and a consequence of poverty. Disability increases vulnerability to poverty, while poverty creates the conditions for increased risk of disability. For example, poverty increases vulnerability to disability through poor nutrition, lack of access to health care, greater exposure to violence and unintentional injuries, lack of knowledge of prevention, etc. Conversely, disability increases vulnerability to poverty because of costs associated with disabilities, discrimination in the labour market, difficulties related to access to education and assistive devices, etc*’ pp209.

Elwan (1999) quoted in Emmett (2006) supports this view when they argue that in general people with disability and their families are poorer than the rest of the population. They are associated with lower levels of income, lower educational attainment, unemployment or under employment. The impact of disability is not just on individuals but on families that have disabled members.

In other countries, studies show that medical expenses on disabled people are four times higher than non disabled people .However females with disabilities were not receiving as much disability grant as their male counterparts and were likely to be living in poverty than men ( Jan & Stoddard,1999). Although we have no studies to support this claim the situation is likely to be the same in Zimbabwe. Depending on the age of onset of disability, men who were working before the onset of disability would probably be on pension than women with disabilities. Women’s work is usually informal i.e. cross boarder trading and this does not have a pension.



### How is violence against women with Disabilities understood

The World Health Organisation (WHO) defines it as an *intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in, or has a highly likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (Krug et al 2002:5) quoted in WWDA (2007). THE United National Declaration on the Elimination of Violence (1993) gives us the bases for defining gender-based violence when article 1 says: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”. WWDA (2007) quoted United Nations Population Fund (1998) which included the social dimension and root causes of violence against women and girls. This is no different from violence against women and it varies from study to study. Some call it domestic abuse, maltreatment, hate crime, assault, criminal violence or battered woman syndrome ( Plitcha 2004). The other terms used especially for women with disabilities are ‘abuse’, ‘misconduct’, ‘neglect’, ‘maltreatment’ and Sorensen (1997) argues that this serves to make this crime invisible. It describes how the female is usually the victim and all this deriving from unequal power relationships between men and women. The violence includes intimidation, suffering and deprivation of liberty within the family or community. (Plitcha 2004) quoted in WWDA (2007) argues that literature as it pertains to violence against disabled people uses terms such as ‘abuse’ instead of ‘violence’. This serves to minimize the severity of the crime and this is supported by (Tyiska 2001, Sandres 2007, Sinason 2002, Sobsey 1994, Luckasson 1999, Sherry 2003) who argue that the term is used to de-criminalize and trivialize serious offences. Other terms used to classify these serious crimes are ‘misconduct’, ‘neglect’ or ‘maltreatment’ (Brown 2004).*

### Young men and the Construction of Masculinity

Young men viewed violence against women as a socially sanctioned extension of male authority in the private realm according to studies by Wood and Jewkes (2001). Some of the young people argued that violence was used to make a woman ‘understand’ and as a form of discipline especially if one suspects that there has been infidelity proven or suspected. Local traditions of bride price are being blamed for males feeling of ownership of women they would have paid for

( Human Rights Watch 2003) .Some studies show that young people were interpreting the use of violence as reflecting the level of emotional investment in the relationship and that he cares for the women Wood and Jewkes (1998).

### **Looking at gender based violence through the feminist theory**

When we look at the magnitude and context of occurrence and social dynamics that support violence we note the following factors; wide spread poverty, unemployment, income inequality, patriarchal notions of masculinity that encourages toughness and risk taking on the part of man. Weak parenting and exposure to abuse in childhood all contribute to gender based violence Haskell (2003). Controlling behaviours of men lead us to patriarchal social norms that sanctions the use of violence by men to discipline and control female partners as long as boundaries of severity are not transgressed, Seedat, Van Niekerk, Jewkes, Suffla and Ratle (2009). These are all linked to women's unequal status in society. Further- more, in schools, teachers are often perpetrators of violence against girls and a culture of entitlement and impunity in schools is common when they are caught.

Sexually bullying by school boys contributes to rampant violation of girl pupil's dignity and human rights. Coercive control is rampant and repeated trauma occurs in families and relationships and sadly the woman is unable to flee because she is under the control of the perpetrator and perceive themselves as powerless to define relationships on their own terms. The fact that these behaviours continue largely unquestioned and unpunished conveys the notion that the behaviour is acceptable and normal to young people. Gender inequality and poverty render many women powerless in physical, economic and psychological ways. Others argue that they feel less powerful, less valued, with fewer resources and at the mercy of others throughout their lives. What was disturbing was the report that many young women did not recognize forced sex with their partners as rape. Sex is a weapon men use against women and rape is the most blatant expression of that violence (McFadden 1992:184). In other words, men employ rape and violence to subdue women. In most societies and families, traditional gender roles and power relations place women and girls in disadvantaged situations relative to men and boys. This is true throughout the life cycle of a woman with disability. Female babies are aborted or simply go missing especially if they are disabled (Plan 2007:14).

For women with disability experiences of trauma and violence in childhood affects brain development and reduces ability of children to form strong emotional relationships and bonds. In one study, 30-45% of perpetrators of violence had witnessed their mother being beaten. Abraham and Jewkes (2005) argue that 27% of intimate partner violence could have been prevented if the boys had not witnessed violence against their mothers.

Using the lens of liberal feminism, humanism privileges the autonomy of the person and views the just society as a system of individual rights that safeguard personal autonomy and allow self-fulfillment. Therefore the state has a duty to protect rights, provide opportunities, reorganize economic and resource redistribution to the vulnerable in society. However Marxist feminism would like to address issues of structure first and this would be 'class'. Oppression, they believe, began with ownership of private property associated with capitalism and it has shaped the institution of the family. Women's domestic work is dismissed as not real work. All vulnerable people, including women with disabilities can only get monotonous and lowly paying jobs and may not be treated as equal by the male counterparts. Therefore for things to change we must revolutionise the way we think and address inequalities within our society.

Violence is destructive; man and women have different ways of perceiving the world and relating to it. The mode of addressing moral issues is different. Man would place premium on autonomy, generality, abstract and impartiality. Women, prize caring, nurturing, bonding and formation of interpersonal relationships, Harding (1983). Analysis of relation between socioeconomic inequalities and violence show income inequality, low economic development and high levels of gender inequality are strong positive predictors of rates of violence including homicides and major assaults. Extreme violence and brutality are learned behaviours. They can be unlearned. The only problem is that violent behaviour is reinforced by social structures at community level and sometimes at family level. The domain of sexuality and reproduction in the lives of women with disabilities is a site of oppression which attacks their most fundamental human and personal rights. Gender, the social and cultural construction of men and women, persistently reveal the unequal distribution of power, access and control over resources and autonomy. Human Rights accord everyone irrespective of circumstances of age health, sex, race, the capabilities of realizing well-being. Cultural leaders are often opposed to modern legislation which they see as eroding their authority especially pertaining to gender roles and expectations.

On the other hand, women find it difficult to challenge traditional laws because they are based on the cultural interpretation of men defending the status quo. We need to address the socio economic inequalities that breeds violence and nature a more caring society were women with disabilities can contribute to society's development.

## Results

In our introduction, we discussed that in Zimbabwe, 30% of women aged between 15-49 have experienced physical violence since the age of 15 (ZIMSTAT and ICF International, 2012). The extent of the problem for acts of violence against disabled women is difficult to estimate as some of the acts of violence go unreported.

We present our findings from 10 women guided by the Iglesias et al (1998)'s two broad categories of violence in the context of disability:

- **Active violence**- which includes physical, emotional, sexual and economic abuse
- **Passive violence**- which includes physical and emotional neglect, discriminatory actions that result in further physical or psychological harm

### Active violence

#### Marriage breaking down after becoming disabled (emotional abuse)

Sarah and Agnes (not their real names) reported the breakdown of their marriage soon after becoming disabled. Sarah had a stroke due to high blood pressure and was left weak in a wheelchair and Agnes had been involved in a car accident in which she lost her right leg and had limited activity with her right hand and leg. Both reported that it was difficult for their husbands and their relatives to accept their disability. Both women reported verbal abuse and derogatory treatment and felt that after separation, divorce though painful was a relief in time.

*My husband was no longer intimate with me. He would sleep on the floor the few times he came home. He would go away anytime he likes without telling me and would come back well after midnight His relatives encouraged him to look for a real wife within my hearing. (Sarah narrating her experiences).*

### **Losing her job (economic abuse)**

*After becoming disabled, I got fired, yet my job was in accounts and I was not in any way affected by my disability: yet I was fired after working for 3 years. I took it up with my lawyer, but whilst I was in the process of filling in court the company was liquidated Tara's story*

### **Passive violence**

Agnes reported abuse from hospital personnel especially female staff when she went for ante natal clinic. They seemed to want to punish her for getting pregnant even though she was married at the time. Some of them wanted to know intimate details of the positions she was lying when she got pregnant given her physical disability.

**Physical neglect-** *I was denied assistance getting up and down the bed and at times' my bladder would give way before I could get to the bathroom.'*

*Hospital staff were unwilling to lower hospital bed to my level rendering me more disabled than before as I would then need helpers leaving me with no privacy*

**Emotional neglect** are actions that deny attention, consideration and respect towards another human being e.g. ignoring and making the woman feel so small and not valuing her opinion.

This was how Rita another stroke victim who walks with the aid of a walking stick put it:

*My husband looks down upon me now, and he thinks that I can't think anymore; and yet its only my hand and legs that are affected, and not my brains.*

*When it comes to household issues, he no longer consults me, but rather the house maid. If I tell the maid to do certain chores he tells her not to mind me as if I am a burden. This is very painful.*

### **Interaction with neighbours (emotional abuse)**

*People do not know how to speak or interact with me, and I sometimes am sensitive when people scold their children and use statements such as: 'usaite sechirema' meaning 'don't be like a disabled person' in a derogatory and sarcastic way in my presence.*

Taku's experiences were slightly different



### **Prevalence of Violence:**

The women in the study ( $n = 10$ ) reported experiencing one psychological trauma and 60 percent at least one form of physical violence. Of the married women 50 percent had experienced hitting, kicking or beating in the recent past.

Violence was not just confined to the women with disability only but spilled to children too and this causes emotional abuse. Taku had this to say:

*My children at school are laughed at because I am physically disabled and hard of hearing. For example, my grade 7 daughter used to tell me that her classmates used to laugh and tease her because of me, but she would answer back and say that I am her mother she got from God.*

*My daughter's experience is painful because I also used to be laughed at when I was at school, and should have blamed my mother or God for making me disabled?*

### **Recommendations and advocacy for change**

After a decade where a lot of information and awareness campaigns were launched on disability issues our communities seem not to have embraced disability. The women with disabilities are discriminated against as women then as people with disabilities and this is painful. It does not end there either as their families are looked down upon as witnessed by Taku's daughter and even by professionals as witnessed by Agnes at the maternity clinic.

We have to challenge the acceptability of violence in our communities and not make it a normal feature of gender relations in the marital home. The African ethics of Ubuntu, (unhu) should be strengthened. There should be mechanism to strengthen social support for women with disabilities including marital and natal family, neighbours, and community members.

Some of the women in the study felt that a community centre for people with disabilities would act as an information centre. Sarah, in my study wanted information about making a will and the work that Zimbabwe women's lawyers association does but has no transport nor capacity to reach them in their offices. The information centre could also be a place where networks could be established and some of the interventions could be monitored for effectiveness.

Another recommendation was that awareness raising on disability and gender issues within families should be continued and schools take an active role in this regard. Empowerment of women through capacity development should include women with disabilities.

Information on basic services should be accessible and representation in Parliament and such decision making bodies should include women with disabilities too.

### Conclusion

Violence happens in a society where women with disabilities face double discrimination, being disabled and being a woman and this has to be challenged. The laws and policies are there, the culture of silence has to be broken and we should shift the blame of abuse to the perpetrator not the victim.

### References

Abrahams N & Jewkes R (2005) What is the impact of witnessing mothers abuse during childhood on South African men's violence as adults AM J Public Health 95:1811-1816, [Cross Ref/Pub/Med](#)

[African Union \(2003\)](#) Continental plan of action for African Decade of Persons with Disabilities (1999-2009) Addis Ababa: MCBS

Brown, H.(2004) A Rights-Based Approach to Abuse of Women with Learning Disabilities. *Tizard Learning Disability Review*, pp. 41-44.

Brown, H. (1991) Sexual Abuse: Facing Facts. *Nursing Times*, 87, 65-66

Brownridge, D. (2006) Partner Violence Against Women with Disabilities: Prevalence, Risk, and Explanations. *Violence Against Women*, Vol 12, N<sup>o</sup> 9, pp. 805-822

### Challenging the assumption that human behaviour is primarily determined by culture.

[Choruma T \(2003\)](#) The forgotten Tribe Harare UZ. The Impact of Progresio's work in Zimbabwe on disability issues

Cohen,M., Fonte, T., Du Mont, J., Hyman, I.& Romans, S. (2005) Intimate partner violence among Canadian women with activity limitations. *Journal of Epidemiology & Community Health*, Vol.59,No.10, pp. 834-839

Curry M & Navarro, F (2002, 2003)\_Responding to abuse against women with disabilities: Broadening the definition of domestic violence. *Health Alert*, Vol 8 N<sup>o</sup> 1 pp1-5 San Francisco, CA: *Family Violence* Prevention fund

Curry M, Powers L & Oswald, M (2003)\_Development of an abuse screening tool for women with disabilities *Journal of Agression, Maltreatment & Trauma*, Vol 8 N<sup>o</sup> 4 pp123-41

- Disability and Social change (1997) Human Sciences Research Council, Cape Town, South Africa. Government Inter-Censal Demographic Survey (1997)
- Hirschowitz R, Worku S, Orkin M. (2000) Qualitative Research Findings on Rape in South Africa Pretoria: Statistics South Africa.
- Haskell, L. (2003) First Stage Trauma Treatment: A Guide for Mental Health Professionals working with Women. Centre for Addiction and Mental Health, Toronto, Canada.
- Jewkes R, Dunklo K, Koss M.P (2006) Rape perpetration by young rural South African men: prevalence, patterns and risk factors. *Social, Science Med* 63:2949-2961, Cross Ref/Pub Med
- Jewkes R, Abrahams N. (2002) The epidemiology of rape and sexual coercion in South Africa: an overview. *Soc Sci Med.*2002 ;55(7):1231-1244.
- Maxwell, J., Belser, J.W., David, D. (2007) A Health Handbook for Women with Disabilities, Hesperian Foundation, Berkeley, California USA
- McFadden (1992:184) "Sex, Sexuality and the Problems of AIDS in Africa, in Patricia Ruth Meena, (Ed.) *Gender in Southern Africa: Conceptual and Theoretical Issues*. Harare: SAPES.
- Naidu E. Haffejee, S, Vetten , L & Hargreaves, S. (2005) On the Margins: Violence against Women with Disabilities. Research, report written for the Centre for the Study of Violence and Reconciliation (South Africa), April 2005
- Nosek M (1996, 2002, 2003) Sexual abuse of women with physical disabilities in D.Krotoshi, M.N Osek & M.Turk (Eds). *Women with Physical disabilities: Achieving and maintaining health and well-being*. Paul H. Brooks Publishing, Baltimore.
- Plichta,S.(2004) Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence*, vol. 19, Issue 11.
- Plan. (2007) *Because I am a Girl: The State of the World's Girls 2007*. London, Plan UK. [www.becauseiamagirl.org](http://www.becauseiamagirl.org) Plan UK 5/6 Underhill Street London NW1 7HS Tel: 020 7 482 9777 [www.plan-uk.org](http://www.plan-uk.org)
- Saxton M Curry Powers L, Maley, S Eckels, K. & Gross J, 2001: 'Bring my scooter so I can leave you'; A study of Disabled Women Handling Abuse by Personal Assistance Providers. *Violence Against Women*, Vol.7,No.4,pp393-417.
- Schneider M. (2006) Disability and the environment. *Theoretical approaches to Disability* 1 13, pp 506-514

Seedat M, Van Niekerk A, Jewkes R; Suffla S, Ratde K (2009) Violence and injuries in South Africa: Prioritizing an agenda for prevention

Strand, M, Benzein, E & Saveman, B (2004) Violence in the care of adult persons with intellectual disabilities. Journal of Clinical Nursing Vol 374 Issue 9694 WWW AIDS Org.

United Nations (2006) General Assembly In depth study on all forms of violence against women. Report of the Secretary General. A/61/122/Add.1. NewYork, USA

United Nations General Assembly Resolution 48/104 (1993) United Nations Declaration on the Elimination of Violence Against Women

United Nations Population Fund (1998) <http://www.unfpa.org>

Watermeyer, B., Swartz, L., Lorenzo, T. , Schneider, M. and Priestley, M. (editors) 2006 Disability and social change: A South African agenda Cape Town: HSRC. 432 pages. ISBN 0-7969-2137-9

Wenham M (2006): Living like animal in community care. Courier Mail, May 13 Brisbane, Australia. Disability and social Change, HSRC Press Cape Town, SA

Women with Disabilities Australia (WWDA) (2007) *Forgotten Sisters: A Global Review of Violence Against Women with Disabilities: Resource Manual.*