The United Nations sexual and reproductive health agency

Making the Invisible Visible:
Why Disability Matters in Violence Against Women and Bodily Autonomy

Report Summary
UNFPA, 2024

This is the **Easy Read** version of this document.

Difficult words are in **Bold**, with their explanation in a box underneath.

Glossary

Here are explanations of some of the terms or difficult words used in this document:

Analyse/ Analysing: To look at, to study or examine something in detail.

Autonomy: Independence. Having the ability and right to do things and make decisions for yourself.

Bodily autonomy: In this document, this means women and girls having the right to make decisions about their own body and reproductive health.

Coercion: this means forcing someone to do something that they don't want to do, by threatening them.

Cognitive disability: when a person has difficulty thinking, learning, remembering things, concentrating, making decisions or solving problems.

Intellectual disability: when a person has cognitive disabilities but may also have difficulty with communicating and self-care and living independently.

Psychological disability: means a condition which affects a person´s thoughts, emotions and behaviours. For example, things like depression and anxiety.

Sexual health: this means physical, emotional, and psychological wellbeing when it comes to sex.

Reproductive health: health care to do with our reproductive organs which are used to have sex and have babies.

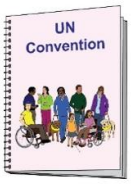
UNFPA or United Nations Population Fund: Part of the United Nations, the fund aims to makes sure every girl and woman is treated with dignity and respect. (FPA stands for Fund for Population Activities which was its old name).

Background

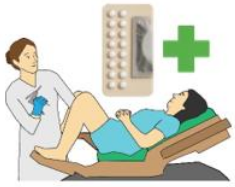
Over the years, disability has been thought of as a social, medical or charity issue.

But recently, disability has been getting more and more attention as a human rights issue.

People with disabilities are often left out of conversations about policies, programmes and development.



The United Nations has used different methods to protect the rights of people with disabilities. For example, they have held conferences and brought in programmes.



But lots of people with disabilities still don't have rights when it comes to **sexual health** and the health of the **reproductive system**. Or rights around living a life free from violence.

Sexual health: this means physical, emotional, and psychological wellbeing when it comes to sex.

Reproductive system: this is the group of organs in our bodies that are used to have sex and have babies.

Bodily autonomy means women and girls having the right to make decisions about their own body and reproductive system.

They must have the right to make these decisions without violence or **coercion.**

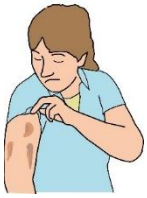
Coercion: this means forcing someone to do something that they don't want to do, by threatening them.

Intimate partner violence is behaviour within an intimate relationship. This behaviour causes physical, sexual or psychological harm.
This includes:

- being aggressive in a physical way
- controlling behaviour

- sexual coercion, this means persuading someone to have sex when they don't want to

- psychological abuse, this means using words or behaviours to hurt or scare someone



We don't know very much about the relationship between these things:

- disability

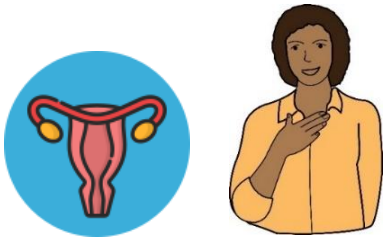
- sexual and reproductive health and rights

- violence against women with disabilities.

This study is done so that people can understand these things better.

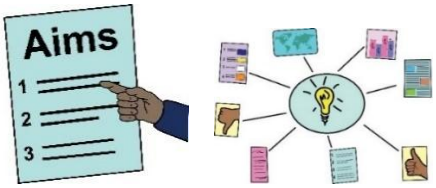
It looks at the relationships between:

- disability and intimate partner violence



- the bodily autonomy of women of reproductive age. This means women between 15 and 49 years old.

The aims of our study



1. Bring together information that already exists on the topic.

2. Explore this topic by looking at surveys in these 6 countries:

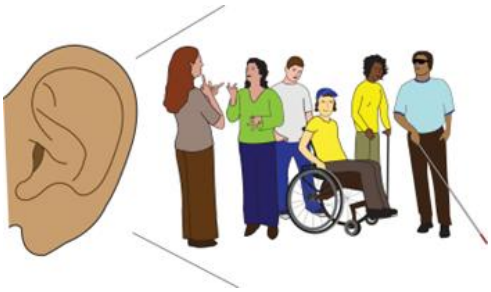
Haiti, Mali, Pakistan, Rwanda, South Africa, Uganda

3. Recommend ways to collect better disability data. Especially for women with disabilities of reproductive age.

How did we find out information for our study?

We looked at research and studies about bodily autonomy and violence. We brought the results together to get a clearer picture.

Intimate Partner Violence and Bodily autonomy



When collecting responses, we looked at:

- Intimate Partner Violence and
- Bodily autonomy

To measure violence, we looked at:

- **physical violence**
- **sexual violence**
- **psychological or emotional violence**.

We also asked people if their current or former partner had ever been violent towards them.

To measure bodily autonomy, we looked at the power to make decisions about health care, **contraception** and sex.

Physical violence: this means punching, slapping, kicking or hurting the body.

Sexual violence: this means any type of sex that is not wanted. For example, rape or assault.

Psychological or emotional violence: this means using words or behaviours to hurt or scare someone.

Contraception: this means methods used to stop a woman getting pregnant from sex. For example, condoms, coils or pills.

What kinds of disabilities do women have?

We also wanted to look at what kinds of disabilities women have. This is broken down into 6 areas:

- vision – this means seeing
- hearing
- communication
- cognition – remembering and concentrating
- mobility – walking or climbing steps

- self-care – washing all over and dressing.

The study looked at women experiencing a lot of difficulty in these areas. And at women who can't perform at all in one or more of these areas.

We also looked at other characteristics such as age, wealth and education.

Analysing the information

We used the information we found to think about the links between disability, bodily autonomy and violence.

The Results

What we found out:

1. The levels of violence faced change depending on the kind of disability a person has.

For example, people with severe levels of intellectual (learning) disability face more violence.

When the person reporting the abuse is someone with an intellectual disability, violence happens more.

We also found out that:

2. As people get older, there are more reports of sexual violence.

3. There is more sexual violence in some regions than others.

Looking at the results – How is violence different against women and men?

1. Men with disabilities are more likely to experience physical violence.

   Women with disabilities are more likely to experience sexual violence and partner violence.

Women with disabilities are more likely to experience **stalking and harassment.**

Stalking: this means when someone keeps following a person so that they feel unsafe or scared. This could be online or in person.

Harassment: this means repeated behaviour that makes a person feel threatened or upset.

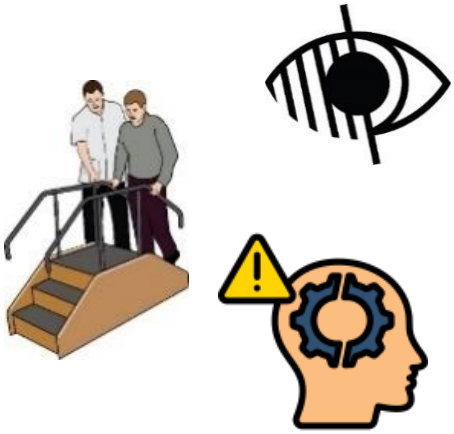
2. Sexual violence against women with disabilities is almost always carried out by men.

But sexual violence against men with disabilities is almost always carried out by women.

3. Women with disabilities are exposed to lots of different people who could abuse them.
For example, partners, family members and carers.

4. The most common abusers are men who live with the victims.

Results from the surveys



What we found out:

1. There are big differences in the amount of disability in each country.

2. The 3 most common kinds of disabilities are:

   - visual disability
   - mobility disability
   - cognitive (learning) disability.

Sexual violence

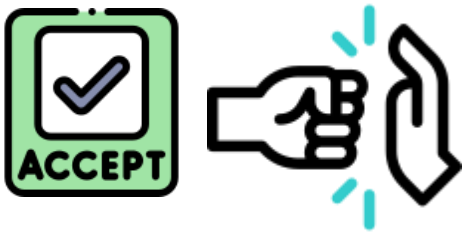
1. Women with disabilities are more likely to be victims of sexual violence than women without disabilities.

Emotional and severe physical violence

1. Women with disabilities are more likely to be victims of emotional violence than women without disabilities.

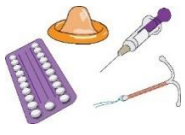
2. This is the same for physical violence.

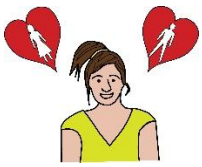
Accepting violence



1. In Rwanda, South Africa and Uganda, more women with disabilities accept violence than women without disabilities.

Bodily autonomy



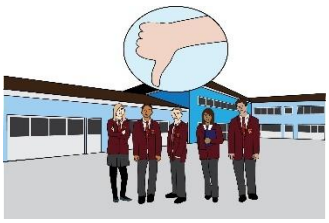


Women with disabilities have very different levels of autonomy when it comes to making decisions about:

1. healthcare

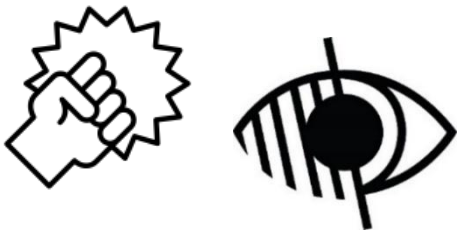
2. contraception

3. sexual relations



4. access to education after primary school.

Different kinds of disability – how does this affect a person's chances of facing violence?



1. Women with intellectual disabilities have more risk of experiencing sexual or emotional violence.

2. Women with communication disabilities are much more likely to experience emotional violence.

3. Women with a visual disability are more likely to experience severe physical violence.

Our Recommendations – what can we do with what we learned?

1. People with disabilities must have autonomy when it comes to making decisions. There must be an environment where they are able to make decisions about the law, society and policies.

2. Some women are more vulnerable than others when it comes to intimate partner violence.

It's important to:

- see how a person´s kind of disability affects their risk of violence.

- look at the particular problems faced by women with cognitive, intellectual and communication disabilities.

3. Put better ways to study this into place. This is to collect stronger data about disability and intimate partner violence.

This document was put into Easy Read by the Empower Team at People First.

You can visit their website here:
www.peoplefirstltd.com

People First
a voice for people with learning difficulties

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