

# Violence Against Persons with Disabilities in Bidar District, India

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## ABSTRACT

*Violence and sexual violence against persons with disabilities at community level are serious issues. Though CBR programmes and DPOs are expected to prevent violence and offer support to the victims, there is very little information about their role in this regard.*

**Purpose:** *This research aimed to assess the level of violence and sexual violence experienced by DPO members, and the role played by CBR programmes in preventing it.*

**Method:** *The study involved a non-random consecutive sample of 146 persons with disabilities from 3 sub-districts of Bidar district in Karnataka, India.*

*Using a structured questionnaire, interviews were conducted by a group of trained DPO members and CBR workers, many of whom had personal experience of violence. The data was entered using Epi-Info and then converted into spreadsheet Tables for analysis.*

**Results:** *58% of the sample reported having experienced violence and 14% reported experiences of sexual violence during the previous 12 months. Girls and women reported higher levels of violence at different age groups. Male children and young adults reported having experienced more violence, including sexual violence, than older men. The research did not provide conclusive evidence that participation in the CBR and DPO activities played a protective role.*

**Conclusions:** *Violence and sexual violence against persons with disabilities are serious problems. More research on the subject, in terms of roles of CBR programmes and DPOs, is needed.*

**Key words:** *CBR, DPO, gender, sexual violence*

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## INTRODUCTION

Violence and sexual violence against persons with disabilities have been recognised as an important problem (World Health Organisation, 2011). A study among children and adults with disabilities living at home revealed that at least 50% were traumatised by sexual, physical, verbal, and other severe and often repeated abuse (Helander, 2004).

Violence against children with disabilities is also common in educational settings (WHO, 2011). Two studies from India (Mohapatra and Mohanty, 2005; CREA, 2009) showed that women with disabilities were especially vulnerable to violence. According to these studies, from 22% - 59% of women with disabilities may be affected by physical violence.

Article 16 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) asks countries to “protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects”.

Community-based Rehabilitation (CBR) is considered as a practical strategy for the implementation of the CRPD (International Disability and Development Consortium, 2012). CBR programmes also facilitate, promote and strengthen the organisations of persons with disabilities (DPOs) at all levels, with appropriate empowerment activities and instruments (Deepak, 2009).

However, no published studies could be identified about the role of CBR and DPOs in preventing violence against persons with disabilities and supporting the victims in a developing country. For the prevention of violence against women, higher education and belonging to an association have been proposed (WHO/LSHTM, 2010). Again, there are no published papers or reports on the role of CBR and DPOs in preventing violence against women with disabilities.

Therefore, this research was planned as a preliminary step towards filling the information gap. It studied the incidence of emotional, physical and sexual violence experienced by a sample of DPO members in Bidar district of Karnataka, India.

## OBJECTIVES

The research had 3 main objectives:

- To find the percentage of DPO members who had experienced violence in the past, including during the last 12 months;
- To find the percentage of DPO members who had experienced violence and sexual violence in childhood;
- To explore the correlation between the participation of persons with disabilities in specific activities of CBR and DPOs, and the levels of violence they had experienced.

## Hypothesis

The research hypothesis was that participation in different DPO and CBR-related activities would reduce the vulnerability of persons with disabilities and prevent violence. It was expected that the research results would confirm the following:

- DPO members will report lower incidence of violence and sexual violence over the last 12 months, compared to the past;
- Those members with longer duration of participation in DPO and CBR activities will report lower incidence of violence and sexual violence over the last 12 months, compared to those with shorter duration of participation;
- Higher levels of education, economic independence and participation in the self-help groups by persons with disabilities will reduce their vulnerability to violence.

## Context

The research was carried out through a district level DPO, with support from a CBR programme in Bidar district of Karnataka state in India. The district is part of the Deccan plateau and has a surface area of 5,448 km<sup>2</sup>, divided into five taluks (sub-districts) – Aurad, Basavkalyan, Bhalki, Bidar and Humnabad. According to the 2011 Census, the total population of the district was 1.7 million.

**CBR Programme in Bidar District** - The Bidar CBR programme is run by a non-governmental organisation called ORBIT (Organisation for Bidar Integrated Transformation). It covers all the five sub-districts. The CBR programme receives funding and technical support from Amici Trust India and an international

organisation, AIFO/Italy. The CBR programme has facilitated and been instrumental in setting up the sub-district and district level DPOs in Bidar.

In 2012, the Bidar CBR programme had registered 23,253 persons with disabilities, including 11,525 males (49.6%) and 11,728 females (50.4%).

In terms of age distribution, 32.1% of persons with disabilities involved in CBR were 15 years of age or younger, 37.1% were 16 - 35 years old, and 30.8% were 36 years of age or older.

Persons with disabilities involved in the CBR activities were sub-divided into 8 groups as proposed in the WHO-CBR manual (Helander et al, 1989). In 2012, the following persons with different impairments were involved in the CBR activities (Table 1):

**Table 1: Persons with Different Impairments in the Bidar CBR Programme**

Disabilities	Total Persons	Percentage
Vision	667	2.9 %
Hearing and Speech	1,444	6.3 %
Movement	14,106	60.6 %
Leprosy	1,238	5.3 %
Convulsions	150	0.6 %
Psychosocial	510	2.3 %
Intellectual	3,406	14.6 %
Others/multiple	1,732	7.4 %
<b>Total</b>	<b>23,253</b>	<b>100 %</b>

**DPOs in Bidar District** - Over the past decade, the Bidar district CBR programme helped to set up self-help groups (SHGs) of persons with disabilities in the villages. By promoting networking between the SHGs, DPOs at sub-district level were subsequently set up. Since all the villages do not have SHGs, persons with disabilities who are not part of a SHG can also become DPO members. The representatives of the five taluk DPOs together constitute the Bidar district DPO called Karanja Vikalachethanara Sangha (KVS). Thus, through the SHGs, the Bidar CBR programme is linked with the taluk and district level DPOs in Bidar (Deepak et al, 2013).

In November 2013 when the research was conducted, the five sub-district level DPOs had a total of 642 members. Around 60% of these members were SHG representatives.

**Organisations involved in the research** -The research on violence against persons with disabilities in Bidar district of Karnataka state in India, was jointly organised by 4 non-governmental organisations - KVS, ORBIT, Amici Trust India and AIFO/Italy.

Ethical Guidelines for research on violence (WHO, 2001) were followed, to guide and define the research protocol. The protocol was presented to the Ethics Committee of AIFO for approval.

## METHODS

The research was carried out through individual interviews, with the help of a structured questionnaire. The interviews were held during day-long seminars organised by the district DPO. The questionnaire included queries about 3 kinds of violence - emotional, physical and sexual. The definitions of the 3 kinds of violence and related questions were adapted from the WHO training materials, including the WHO Multi-country study on "Women's Health and Domestic Violence" (WHO, 2005). The questionnaire was discussed with all the partners and then translated into the local language (Kannada).

A group of 21 persons (11 DPO members and 10 CBR workers) were identified as the data collectors and researchers. 48% of them were male and 52% were female. Among them, 65% had a disability. They participated in a five-day residential training course, during which the questionnaire was field tested and finalised.

### Research Sample

Three sub-districts (Basavkalyan, Bhalki and Humnabad) were identified for the research, keeping in mind the geographical and socio-economic variations in the district. The DPOs in these 3 sub-districts had a total of 360 registered members. The research aim was to interview around 100 DPO members and ensure gender balance. As only 33% of the DPO members were women, ensuring gender balance was identified as a potential difficulty.

The research used a non-random consecutive sample of DPO members who came to 5 meetings organised at 3 locations in the 3 sub-districts - 1 meeting

in Basavkalyan and 2 meetings each in Bhalki and Humnabad. All the DPO members who lived near the venues were invited to these meetings. Invitees were informed that it was about a research project but were not told the research theme. A special effort was made to visit the women members of the DPOs and request them to attend the meeting.

A total of 149 persons attended the 5 meetings. The purpose of the research was explained to them and they were requested to participate. After 3 persons dropped out, 146 adults with disabilities (about 40% of the total DPO members in the 3 sub-districts) participated in the research. Women constituted 52% of the sample.

### **Data Collection**

Each meeting was organised as a six-hour long seminar, during which the purpose of the research was explained and written consent was obtained. After collecting the consent forms, the meeting participants were divided into male and female groups. In each group, researchers explained and discussed the different kinds of violence faced by persons with disabilities and the difficulties of talking about this issue. These discussions were carried out in closed spaces where no outsiders were allowed. Male participants dealt exclusively with male researchers while female participants dealt exclusively with female researchers.

After these plenary discussions, individual interviews were carried out in separate rooms. There were 3 persons at each interview- 2 researchers (one CBR worker and one DPO member) and the interviewee. One of the researchers asked questions and the other researcher compiled the questionnaire. Except for periodic visits by supervisors, nobody else was allowed to enter the interview rooms – neither persons of the opposite sex nor any of the DPO members or CBR workers belonging to the same village as the interviewee.

Separate follow-up plenary sessions were held for men and women, bringing together all the interviewees and researchers to discuss the interview process. At the end of the meeting, all the participants were given a blanket worth one day's minimum wage (Indian Rupees 150) to compensate for the loss of income. No prior information about the distribution of blankets had been shared with the participants.

## **Data Entry and Analysis**

Data collected through the questionnaires was entered using Epi-Info, converted into spreadsheet Tables and then analysed. Preliminary results of data analysis were discussed with the researchers at the end of data collection.

Only the reports of “significant” violence were counted during data analysis.

“Rare” or “occasional” reports of any kind of emotional violence were not considered as “significant” violence, and were excluded from analysis as it was felt that such episodes could happen to anyone. Only when emotional violence was reported as frequent or very frequent, was it considered to be “significant” violence.

Rare episodes of certain kinds of physical violence (one or two episodes in a year, of slapping, punching or kicking) were also excluded from analysis, as it was felt that such episodes were common even among persons without disabilities. All the remaining experiences of physical violence were considered “significant” and were included in the data analysis.

Finally, all reports of sexual violence were considered as “significant” and were included in the data analysis.

## **Personal experiences of violence among the Researchers**

The 21 researchers were CBR workers and DPO representatives. Analysis of data from questionnaires they filled during the training showed that 9 of them (43%) had reported significant experiences of violence during the last 12 months, including 3 persons (14%) who had experienced sexual violence. This finding was an indication of the widespread prevalence of violence in society in general. Thus, for many researchers, the research topic was a personal issue.

# **RESULTS**

## **General and Demographic Information**

A total of 146 persons with disabilities answered the questionnaires. 76 (52%) of them were male and 70 (48%) were female. Less than one-third of the men in the sample were married while more than 50% of the women were married. Table 2 presents an overview of information about the participants.

**Table 2: Demographic, General Information and Kind of Impairments in the Research Sample**

Characteristics	Male	Female	Total
Total number	76 (52%)	70 (48%)	146 (100%)
<b>Age groups (N=146)</b>			
18-30 years	26 (34%)	36 (52%)	62 (42%)
31-45 years	24 (32%)	17 (24%)	41 (28%)
> 46 years	26 (34%)	17 (24%)	43 (29%)
<b>Marriage status (N=146)</b>			
Married	21 (28%)	38 (54%)	59 (40%)
Single*	55 (72%)	32 (46%)	87 (60%)
<b>Religions (N=146)</b>			
Hindu	59 (78%)	54 (77%)	113 (77%)
Muslims	9 (12%)	8 (11%)	17 (12%)
Christians	5 (6%)	7 (10%)	12 (8%)
Others	3 (4%)	1 (2%)	4 (3%)
<b>Castes (only for Hindu, N=113)</b>			
Marginalised castes	33 (56%)	32 (59%)	65 (57%)
Other castes	26 (44%)	22 (41%)	48 (43%)
<b>Education level (N=146)</b>			
No formal education	15 (20%)	31 (44%)	46 (31%)
1-8 years of school	27 (35%)	6 (9%)	33 (23%)
>9 years of education	34 (45%)	33 (47%)	67 (46%)
<b>Kind of impairments (N=138 - No answers=8)</b>			
Vision	7 (10%)	5 (8%)	12 (9%)
Hearing & Speech	3 (4%)	5 (7%)	8 (6%)
Movement	43 (61%)	48 (72%)	91 (65%)
Leprosy	2 (3%)	5 (7%)	7 (5%)
Others	0	2 (3%)	2 (1%)
Multiple	16 (22%)	2 (3%)	18 (14%)
<b>SHG membership (N=140 ; No answer=6)</b>			
SHG members	43 (60%)	45 (66%)	88 (63%)
Not SHG members	29 (40%)	23 (34%)	52 (37%)
<b>Disability pension (N=138 ; No answer=8)</b>			
Receiving pension	59 (82%)	56 (85%)	115 (83%)
No pension	13 (18%)	10 (15%)	23 (17%)

<b>Duration of CBR participation</b> (N=141 ; No answer=5)			
Less than 3 years	11 (15%)	12 (17%)	23 (16%)
More than 3 years	61 (85%)	57 (83%)	118 (84%)
<b>Duration of DPO participation</b> (N=138 ; No answer=8)			
Less than 3 years	10 (14%)	19 (29%)	29 (21%)
More than 3 years	62 (86%)	47 (71%)	109 (79%)

Note: \* Single includes unmarried, divorced, separated, widows/widowers.

All the age groups, from 18 - 80 years, were represented among the interviewees. About 42% were below 30 years of age. Median age of women was 30 years (range 18-70 years) while median age of the men was 40 years (range 19 - 80 years).

In terms of education levels, all the different groups were represented. There were 46 illiterate persons (around 31%) and 29 university graduates (around 20%).

### **Different kinds of Impairments**

The research sample included the following groups of persons, according to their registration in the CBR programme:

- 98 persons with physical or movement disabilities (65%);
- 17 persons with multiple disabilities (14%);
- 13 persons with visual disabilities (9%);
- 9 persons with hearing and speech disabilities (6%);
- 7 persons with leprosy-related disabilities (5%).

Two kinds of impairments (psychosocial and convulsions-related) were represented by 1% of the sample. There were no persons with intellectual disabilities.

Thus, although there were persons with different disabilities in the CBR programme, the major difference in the research sample was the absence of persons with intellectual disabilities. However, even persons with psychosocial disabilities and convulsion-related disabilities were barely represented in the CBR programme.

The research questionnaire also included queries about the functional difficulties experienced, based on the recommendations of Washington Group (WG, 2010).

Analysis of this data showed that about 50% of the interviewees had functional difficulties in 2 or more areas. This information contrasted with the figure of 14% for persons with multiple disabilities according to the CBR registration forms of the sample. A separate paper is planned on this specific aspect of the research results.

### **Experiences of Violence during the past 12 months**

Of the 146 interviewees, 84 (58%) reported experiences of significant violence over the past 12 months, including 21 persons (14%) who had also experienced sexual violence.

Women faced higher levels of violence compared to the men. 51 women (73%) reported significant violence in the last 12 months, and 16 women (23%) reported sexual violence. On the other hand, 33 men (43%) reported significant violence in the last 12 months and 5 men (7%) reported sexual violence.

Twin-tailed Fisher test showed that differences in the violence experienced by men and women in this sample were statistically significant ( $p=0.002$ ).

### **Experiences of Violence in the Past**

When asked about experiences of violence that had occurred more than 12 months earlier, 96 (66%) of the participants (49 women and 47 men) reported having experienced violence in the past. Once again, the percentage of women who reported these experiences (70%) was higher than the percentage of men (62%). The questionnaire did not ask about frequency and severity of these experiences.

### **Experiences of Violence in Childhood**

Around 80 people (45 women and 35 men), or 55% of the sample, reported that they had experienced some kind of violence during childhood (59% of the women and 51% of the men).

13 persons (9%), including 7 women and 6 men, also reported experiences of sexual violence in childhood (10% of the women and 8% of the men).

### **Other Individual Factors influencing Vulnerability to Violence over the last 12 months**

Collected data was analysed for any correlations between individual characteristics and the incidence of violence in the last 12 months. These factors included age,

marital status, religion and caste. Owing to the small number of persons in some of these sub-groups, the following results cannot be generalised.

**Age and experiences of violence** - Globally persons below 30 years of age experienced the highest rates of violence (67.7%) during the past 12 months. The rate fell to 39.4% in the age group of 31-45 years and then rose again to 58.8% in persons who were more than 46 years old.

Disaggregated data showed that among the men the highest level of violence was in the age group below 30 years (65%). The rate decreased to 29% in the age group of 31-45 years and then increased slightly to 35% in the above 46 years age group.

Among women, 69% reported violence in the age group below 30 years. The rate remained almost unchanged in the 31-45 years age group (65%) and increased consistently to 85% in the above 46 years age group.

**Marital status and experiences of violence** - Married men reported higher rates of violence (52.4%) in the past 12 months, compared to the unmarried men (40%).

Among the women the situation was inverse, with the percentage of single women (81.2%) reporting higher incidence of violence compared to married women (68.4%).

**Religions and experiences of violence** – The research sample had persons of different religions - Hindus (77.4%), Muslims (11.6%), Christians (8.2%) and others (3%).

Violence in the last 12 months reported by persons of different religions was: 42% among Christians, 41% among Muslims, 34% among Hindus and 25% among others.

**Castes and experiences of violence** - Among the 113 persons who called themselves Hindus, 57.5% belonged to the marginalised caste groups (scheduled castes and tribes - SC/ST) while the remaining 42.5% belonged to other (“higher”) castes.

Violence in the last 12 months reported by persons of different castes was: 60% among the SC/ST groups and 50% among persons of “higher” castes (50%).

**Education levels and experiences of violence** - Among the men, the percentage of persons who experienced violence over the past 12 months was lowest in the

illiterate group (20%). It increased among those who had 1-8 years of education (52%) and remained high even among those who had more than 9 years of education (47%).

Among the women, the percentage of those who experienced violence over the past 12 months was highest in the illiterate group (87%). It decreased marginally among those with 1- 8 years of education (83%) and was lowest among women with 9 or more years of education (61%).

**Kinds of impairments and vulnerability to violence** - Persons belonging to all the 5 groups of impairments represented in the research sample (movement, visual, hearing and speech, leprosy-related and multiple disabilities) had faced significant episodes of violence, including sexual violence, over the past 12 months. Those affected with leprosy reported the highest percentage of violence (86%), followed closely by persons with visual disabilities (83%). A much higher percentage of persons affected with leprosy (28%) also reported sexual violence in the last 12 months.

The percentage of persons from the other 3 groups who had experienced violence in the past 12 months was as follows: multiple disabilities (60%), physical disabilities (54%) and hearing and speech disabilities (50%).

**Participation in Self-help Groups (SHGs) and experiences of violence** - The Bidar CBR programme promoted setting up SHGs of persons with disabilities in the villages. These SHGs were involved in a variety of activities including basic literacy, savings and credit funds, advocacy, accessing scholarships and disability certificates. SHG members constituted around 63% of the study sample.

Disaggregated data showed that male SHG members had faced more violence in the last 12 months compared to the non-SHG members (51% compared to 34%).

The situation was reverse among women, where non-SHG members (87%) faced more violence in the last 12 months compared to the SHG members (71%). Thus, participation in the SHG was associated with less violence only among women DPO members.

**Disability Pension and experiences of violence** - Persons with disabilities, who had a disability certificate and a certificate specifying the degree/severity of the disability, were entitled to a small monthly disability pension. 83% of those in the research sample received the disability pension.

Persons who received a monthly pension reported slightly lower percentage of violence in the last 12 months compared to those who did not receive any pension (58% compared to 65%).

**Duration of participation in CBR and experiences of violence:** 16% of the research sample had been participants in the CBR programme for less than 3 years, while 84% had been participants for more than 3 years.

Participants in CBR for more than 3 years reported less violence in the last 12 months compared to those who had been in the programme for less than 3 years (39% compared to 55%).

**Duration of participation in the DPO and experiences of violence** - 21% of the research sample had been members of the DPO for less than 3 years while 79% had been members for more than 3 years.

Persons who had been in the DPO for less than 3 years reported less violence in the last 12 months compared to those who had been in the programme for more than 3 years (52% compared to 60%). Hence, participation in the DPO for a longer period was not associated with protection from violence.

**Role in the DPO and incidence of violence** - Around 15% of the research participants had a leadership role in the DPOs (members of the DPO governing bodies) while the remaining 85% were ordinary members.

Persons who were ordinary members of the DPO reported less violence in the last 12 months compared to those who had a leadership role (56% compared to 75%). Thus, a leadership role in the DPO was associated with a higher incidence of violence.

### **Perpetrators of Violence**

Globally, 32% of all violence against men with disabilities in the last 12 months was perpetrated by family members while 68% of violence was by non-family members.

On the other hand, 46% of all violence against women with disabilities in the last 12 months was perpetrated by family members while 54% was by non-family members.

### **Action to resist Violence**

All those who reported any episode of violence were asked if they had ever sought help by reporting it to other people or to an institution. 59% of the women with disability and 71% of the men with disability had asked for help to stop or prevent future violence.

Among the women with disability, 56% had asked for help from their family members, 22% had approached colleagues and peers who had no disability, 16% approached the DPO and 12% appealed to CBR personnel.

Among the men with disability, about 98% had first asked for help from their family members. 33% sought additional help from their colleagues and peers without disability, 12% from the DPO, 8% from friends and 4% from police.

### **No action taken**

41% of the women and 29% of the men had not sought any help to stop or prevent the violence. They were asked for their reasons.

Among the women, the most important reasons for not seeking help were linked to family honour (59%), fear (32%), a sense of shame (23%), lack of self-confidence (18%) and not knowing where to go for help (14%).

Among the men, the most important reasons for not seeking help were fear (40%), lack of self-confidence (24%), a sense of shame (20%), fear of more humiliation (16%) and loss of family honour (12%).

## **DISCUSSION AND CONCLUSION**

Though the research provided information about the wide prevalence of violence against persons with disabilities at community level, there was no conclusive evidence about the protective role of CBR and DPO activities. The conclusions that can be drawn are limited by the lack of a representative random sample and a control group.

The research sample included around 40% of DPO members from 3 sub-districts. However, this was a very small percentage of all those involved in the CBR programme and it was not very representative of all the persons with disabilities in the sub-districts. Data was analysed for many sub-groups in which the actual number of persons was very small. Thus, the research results cannot be generalised.

### **DPO membership and vulnerability to Violence**

In specific geographic areas of the 3 sub-districts, the sample included a high percentage of DPO members, of whom about 60% represented the village SHGs and 40% were individuals with disabilities.

The hypothesis of the research was that those who participated in the DPOs would be more empowered and less vulnerable to violence. However, it was found that duration of participation and leadership roles in the DPOs were both linked to a higher incidence of violence. The research results therefore point towards high vulnerability to violence in the sample. At the same time, there is the possibility that those who face violence are more likely to become DPO members. Hence, it could be important to study this issue further through better-designed research.

### **Participation in CBR and vulnerability to Violence**

Duration of participation in CBR and receiving a monthly pension were associated with reports of slightly less violence. On the other hand, participation in SHGs seemed to have given slight protection only to the women.

Thus the results did not provide confirmation of the research hypothesis. The gains from CBR participation were modest and there were no gains from DPO participation. These results could be due to the small sample size. A better articulated research with a larger and random sample may provide better answers.

Another reason for the limited role of CBR and DPOs in providing protection from violence could be that both had never looked at the issue of violence in a systematic manner and therefore this problem had remained submerged.

### **Higher rates of Violence**

The level of violence reported in this research was much higher compared to the 2 earlier studies in India (both with relatively small sample sizes and non-random samples). This could be due to the following reasons:

- Earlier studies focussed only on physical violence while this research took a wider view and looked at emotional, physical and sexual violence.
- Earlier studies were based on small household surveys and interviews, while in this research participants were interviewed by their peers in protected surroundings, ensuring privacy and lack of interference by family or community members. The interviews were conducted during

gender specific meetings and were part of discussions about different kinds of violence.

- Violence and sexual violence are considered taboo topics and it is not easy to share information about personal experiences of this kind. However, the interviewers for this research were DPO members and CBR workers from the same communities, though not from the same villages, and 65% of them were persons with disability who had also experienced violence. All these factors could have helped the interviewees to overcome their fear and sense of shame, and share information.
- As explained earlier, DPO membership may be influenced by experiences of violence.

### **Gender and Violence**

Usually, all discussions about violence focus on women and girl children. Women do face greater levels of violence in all age groups. However, the results from this research show that in childhood, both male and female children with disabilities can face similar levels of violence, including sexual violence.

Older men faced less violence, but the level of sexual violence reported by men in the last 12 months (7%) was similar to the sexual violence they had reported in their childhood (8%).

The questions about past violence did not include details about frequency or severity of violence. However, though the percentage of men and women with disabilities who reported experiences of violence was similar, it does not mean that the frequency and severity of the experiences were the same.

Thus while girls and women with disabilities are particularly vulnerable to violence and sexual violence, men with disabilities also need some attention, especially those in the younger age groups.

### **Kind of Impairments and Violence**

The research showed that certain groups, such as persons affected with leprosy and persons with visual disabilities, reported more experiences of violence. However, these differences between the relative vulnerability of persons with different impairments should be considered as tentative, as 3 groups of persons (those affected by leprosy, visual disabilities, and hearing and speech disabilities)

were represented by relatively small numbers (5% - 9% of the sample). It is not possible to draw firm conclusions about relative vulnerability of persons with these disabilities from this data. For that, research involving a larger number of different groups of persons would be required.

Though there is a fair body of research on the subject of stigma, discrimination and exclusion among persons affected with leprosy, relatively less work has been done to understand their vulnerability to emotional, physical and sexual violence. Therefore, this can be an area of study for leprosy organisations, to understand how common such experiences are in different countries and cultures.

### **Comments of CBR and DPO personnel**

The preliminary research findings were discussed with the DPO representatives and CBR workers who participated as researchers in this initiative. They provided the following comments:

- A certain level of violence towards those who are considered weak is usually a part of any society. This violence is intrinsic to family relationships and community relationships; it is partly the way in which public institutions relate to citizens, and powerful citizens relate to weaker sections of society. In rural areas, the feudal mindset may continue to be pervasive. Thus, violence becomes “normal” and people think that it has always been like that and cannot be changed.
- The theme of violence and more so, the theme of sexual violence, is taboo. It was not possible to talk about it and it had never before been discussed in any CBR training or in the DPOs. Thus, it was a submerged theme. People were aware that it happened, but had no idea of the magnitude of the problem. DPO members and CBR workers, who had experienced violence, remained isolated in their experiences. It was seen as something shameful which had to remain hidden.
- The authorities, the police and the institutions that are supposed to help victims are often a part of the violence. For every benefit that the Government gives to persons with disabilities, officials ask for bribes and sexual favours. Persons with disabilities feel that there are no institutions and no services to help them. If they complain against their own families, they can be thrown out of their homes, so they do not raise this issue.

Therefore the researchers suggested that CBR programmes and DPOs need to raise this issue and facilitate persons with disabilities, DPO members and CBR personnel to understand the different factors linked to it. They also suggested that more information and specific learning materials are needed on the strategies to deal with and prevent violence in future.

This preliminary research on violence towards persons with disabilities is a small beginning, which needs to be followed by other initiatives to understand the situation in different contexts and to promote a lasting change.

### **Limitations**

This research was carried out with a small sample, over a short period of time. The research sample was a convenience sample rather than a random sample, and did not involve a control group. It was a self-selected sample of persons who came to the DPO meeting. Some groups of persons with disabilities were not adequately represented in the sample – namely, persons with convulsions, persons with psychosocial disability and persons with intellectual disabilities. On the positive side, it was a consecutive sample involving large number of DPO members from specific geographical areas.

Parts of the questionnaire were about past experiences and childhood experiences. This information may not have been completely reliable as it was subject to memory bias.

The research used some elements of emancipatory research by involving DPO members and CBR workers, many of whom were persons with disabilities and had personal experiences of violence and sexual violence. The research did not include a review of its impact on the researchers' capacities and skills. Given the short duration of the research experience, this impact can best be considered limited. Also, there was no follow-up plan to develop strategies to deal with the findings of the research.

### **ACKNOWLEDGEMENT**

The authors would, in particular, like to thank M V Jose from Amici Trust India, the staff of ORBIT, members of VKS and AIFO/Italy for their support in carrying out this research. Special acknowledgement is made of the contribution of Kalawathi, Ambuja and Jayalaxmi from Mandya district CBR project, for their help during training and data collection.

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