

VIOLENCE AGAINST PERSONS WITH DISABILITIES

A Study in Bidar District - Karnataka (India)

Preliminary Results

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19 November 2013, research team members in ORBIT office building
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ACRONYMS

AIFO	Associazione Italiana Amici di Raoul Follereau
CBR	Community-Based Rehabilitation
CRPD	Convention on the Rights of Persons with Disabilities
DPI	Disabled Peoples' International
DPO	Disabled Peoples' Organization
KVS	Karanja Vikalachethanara Sangha (Bidar district DPO)
NGO	Non-Governmental Organization
ORBIT	ORganization for Bidar Integrated development and Transformation
SHG	Self-Help Group
UN	United Nations
WHO	World Health Organization
WHO/DAR	Disability and Rehabilitation team, WHO
WHO/VIP	Violence and Injury Prevention and Disability team, WHO

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SUMMARY

There is little published material on the possible roles of Community-Based Rehabilitation (CBR) and Disabled Peoples' Organizations (DPOs) in preventing violence against persons with disabilities that occurs within families and communities of developing countries. This study of violence against persons with disabilities in the Bidar district of India was planned to fill this gap. It involved adults with disabilities participating in the CBR project who are also members of the local DPO.

The research was carried out in November 2013. It was a joint initiative of four organizations - Bidar district DPO or KVS (Karanja Vikalachethanara Sangha), ORBIT (ORganization for Bidar Integrated development and Transformation), the Amici Trust India and AIFO/Italy (Associazione Italiana Amici di Raoul Follereau).

Researchers: The 21 researchers including DPO representatives and CBR personnel, 65% of whom were persons with disabilities, were trained to collect information and conduct the research. Information gathered during the training of researchers showed that 43% of the researchers themselves had experienced significant violence during the previous 12 months, including 14% of researchers who had experienced sexual violence.

Sample: The research used a non-random consecutive sample composed of 146 persons, who came to meetings organized by KVS in three sub-districts of Bidar: Basavkalyan, Bhalki and Humnabad. The sample represented about 40% of all the DPO members in those three sub-districts.

Main result: 58% of the sample reported that they had experienced significant violence during the previous 12 months including 14% who had experienced sexual violence. Women faced greater violence compared to the men - in the last one year, three out of four women had experienced violence, while one out of four women had experienced sexual violence. In the same period, four out of ten men had reported violence and less than one out of ten had reported sexual violence.

While all the groups of persons with disabilities suffered violence, persons affected with leprosy and persons with visual disabilities reported the highest levels.

Globally, the research showed that the level of violence faced by men with disabilities decreased with age, men in the age group 31-45 years faced the lowest level of violence (29%). On the other hand, the level of violence faced by women with disabilities increased with age. Women above 46 years of age faced the highest level of violence (85%). During childhood, male and female children with disabilities reported similar levels of violence (51% males and 59% females), including sexual violence (8% males and 10% females).

Non-family members were the more frequent perpetrators of the violence against men with disabilities; for women, family members played a bigger role in committing the violence.

Violence was often seen as a personal and family problem, rarely shared or discussed with others. Even persons with leadership roles in the DPO continued to face violence including sexual violence in their daily lives. Globally, 59% of women and 71% of the men had sought help, usually from other family members, to stop the violence. Only a small number of the persons raised this issue within the CBR programme (12%) or with the DPO (16%).

Persons with a longer period of participation in CBR faced less violence than persons who had been in CBR for a shorter period. However, longer participation in the DPO was not associated with any protection from violence. Higher levels of education and being a member of a Self-Help Group (SHG) were also associated with less violence against women with disabilities. The protective effect of higher education and SHGs was not seen for men.

The **Conclusions and Recommendations** of this research can be summarized as:

- Violence against persons with disabilities is a serious issue that affects a large percentage of men and women. Though more women face violence and face violence more frequently, men with disabilities are also vulnerable to violence including sexual violence, especially in childhood. Violence against persons with disabilities is like an iceberg: just a tiny part is visible, even to the CBR programme and DPOs, while the majority of this violence remains hidden below the surface.
- CBR programmes and DPOs promote greater social participation and autonomy, access to services and empowerment. However, these benefits do not automatically translate into protection from violence. CBR programmes and DPOs must specifically discuss and address the issue of violence, only then can solutions become possible.
- CBR programmes in other parts of India and the world should initiate research to understand the severity and extent of violence against persons with disabilities at community level. They should also experiment with pilot strategies for reducing the vulnerability of persons with disabilities to violence. Greater awareness about preventing violence against persons with disabilities must be created in also in the mainstream organizations working in communities.
- At national and international level, development of suitable training material (including adapting existing material prepared by mainstream organizations working for women and children) on this issue is needed for the CBR programmes. Violence prevention must be a part of all training courses on CBR.

This preliminary research on violence against persons with disabilities has been a small beginning. It needs to be followed up by other initiatives to understand the situation in different contexts and to promote a lasting change.

VOICES FROM THE RESEARCH

I am a 24-year-old girl. I was born with a deformity in my leg and I cannot walk properly. I am the fifth of seven daughters. When I was 14 years old I usually went to school with some friends. At that time some boys used to follow us, pass comments and tease us. One day one of those boys came near me and kissed me on my cheek. I cried and came back home. My parents went to police to write the complaint. The boy had run away and the police did not do anything. However, we were all very afraid that the boy could hurt me and my sisters. So from that day I stopped going to school. I did not get married and still today I feel afraid of men. All my sisters are married, only I am left at home. I wish I could be independent. I know tailoring and can earn something. But I am afraid of interacting with men. That one episode changed my life and I don't know how I can get out of my situation.

I am a 40-year-old woman and I am unmarried. I had polio as a child and I walk with crutches. When I was 15 years old, my neighbour forcefully abused me sexually. I was very afraid and I felt ashamed. I felt very sad and could not tell anyone else, not even my family. I felt that if I tell others, they will blame me and it will bring dishonour to our family. This was my secret, and even after so many years, I still feel this pain inside me. I pray to God such things should never happen to any other person.

I am a 50-year-old woman. I had leprosy and I am disabled. I have faced so much violence all my life. First of all violence came from my family. When I was young, my husband and my father-in-law used to beat me. Now I am old and my children mistreat me and abuse me. They don't want to give me food. Three years ago, I was collecting firewood when I was raped by a person in the community. I went to the police but they laughed at me. They asked me for a bribe to write my complaint but I only had 50 Rupees with me. They said that it is too little so they refused to take down my complaint. That man who raped me he still lives in the community, nobody did anything to help me.

I am a 30-year-old man. I have low vision and disability in the legs. Every time I go out of the house in the community, some persons always say some hurtful things. They shout at me. People sometimes throw stones on me; they say that I bring bad luck to others. They treat me like a dog. Sometimes I wish I could die. I wish that someone could make them stop.

INTRODUCTION

Violence and sexual violence against persons with disabilities has been recognized as a problem, especially in specific groups such as persons with intellectual disabilities and persons living in institutions (WHO, 2011, p. 59).

A study of children and adults with disabilities living at home revealed that at least 50% were traumatized by sexual, physical, verbal and other severe and often repeated abuse (Helander E., 2004, p. xiii). Violence against children with disabilities is common in educational settings (WHO, 2011, p. 216).

However, there is little information about violence against persons with disabilities at the community and family levels. This information is even more limited in developing countries, although there are a few studies focusing on violence experienced by women with disabilities. Two studies from India (CREA 2009; Mohapatra and Mohanty 2005) showed that women with disabilities are especially vulnerable to violence. These studies showed that from 22% to 59% of women with disabilities might be subjected to physical violence.

This report presents the preliminary findings from a study on violence against persons with disabilities, both men and women, at community and family levels in the Bidar district of Karnataka state in India. This research was carried out in the context of a CBR programme in November 2013.

The World Health Organization (WHO) started promoting the CBR strategy during 1980s. CBR is based upon the human rights approach and has a role in the realization of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD).

This research involved KVS, the district level DPO in Bidar. DPOs bring together persons with disabilities, promote support activities and fight against human rights violations. Often CBR programmes help in founding and consolidating community level DPOs.

Higher education and membership of an association or a self-help group (SHG) have been proposed as preventive factors that can reduce violence against women (WHO/LSHTM, 2010, p. 38). Through activities at community level and in collaboration with DPOs, CBR promotes access to education, participation in SHGs, and empowerment of persons with disabilities. Therefore, CBR and DPOs are expected to help in reducing the vulnerability of persons with disabilities to violence and in supporting the victims of violence.

No existing publications about research on the role of CBR and/or DPOs in preventing violence against persons with disabilities in developing countries could be identified. Thus, the present research can be considered as a small step in an area that desperately needs better understanding.

ORGANIZATIONS INVOLVED IN THE RESEARCH

This research on violence against persons with disabilities was organized jointly by four NGOs - KVS, ORBIT, Amici Trust India and AIFO/Italy. Dr Sunil Deepak coordinated the study.

CBR IN BIDAR DISTRICT OF KARNATAKA STATE OF INDIA

Bidar district has a total population of about 1.7 million persons. It is divided into five taluks (sub-districts) - Aurad, Basavkalyan, Bhalki, Bidar and Humnabad.

The CBR programme in the Bidar district is implemented by an NGO called ORBIT. The programme covers all five sub-districts and directly reaches about 23,000 persons with disabilities. It works through a small number of full-time paid "community animators". The animators facilitate the setting up of SHGs of persons with disabilities in the villages.

Table 1 presents the number of persons benefiting from the programme in 2012, the grouping of impairments follows the WHO manual on CBR (Helander et al, 1989).

Table 1: Persons with different impairments benefiting from Bidar CBR Project (2012)

TOTAL PERSONS WITH DISABILITY BIDAR CBR PROJECT (2012)											
Type of Impairment	Children				Young Adults		Adults		TOTAL		GRAND TOTAL
	Age 0-5 Years		Age 6-15 Years		Age 16-35 Years		Age 36+ Years		M	F	
	M	F	M	F	M	F	M	F			
Visual	10	8	47	62	94	85	198	163	349	318	667
Hearing & Speech	15	10	217	147	206	279	326	244	764	680	1444
Physical/Movement	433	445	2118	1997	2801	2649	1895	1768	7247	6859	14106
Leprosy-related					8	408	410	412	418	820	1238
Convulsions-related	17	12	20	17	23	37	9	15	69	81	150
Mental illness/Psychosocial	57	81	93	62	81	49	43	44	274	236	510
Intellectual	86	94	535	492	619	670	408	502	1648	1758	3406
Multiple/others	37	33	121	193	297	321	301	429	756	976	1732
TOTAL	655	683	3151	2970	4129	4498	3590	3577	11525	11728	23253

Each of the five taluks in Bidar district has a DPO. Representatives of these five sub-district DPOs together form KVS, the district-level DPO of Bidar. The sub-district DPOs have 642 members. They nominate 37 representatives who constitute the governing body of KVS. Collaborating with and strengthening the DPOs at district and sub-district levels is a key objective of Bidar CBR programme. About 67% of all DPO members are men and only 33% are women. This is reflected by the representatives sent to the district level DPO - about 84% of whom are men.

Information about the sub-districts, names of their DPOs and their members is presented in Table 2.

Table 2: District and Sub-district level DPO members in Bidar

Level	Taluk Name	DPO Name	Members		Total
			Male	Female	
Sub-district	Aurad	Shanthi Karnthi Vikalachethanara Taluka Sangha (SKVTS)	107	48	155
Sub-district	Basvakalyan	Jai Karnataka Vikalachethanara Taluka Sangha (JKVTS)	88	34	122
Sub-district	Bidar	Jyothi Vikalachethanara Taluka Sangha (JVTS)	78	49	127
Sub-district	Bhalki	Ravikiran Vikalachethanara Taluka Sangha (RVTS)	86	32	118
Sub-district	Humnabad	Humnabad Vikalachethanara Taluka Sangha (HVTS)	69	51	120
District	District DPO	Karanja Vikalachethanara Sangha (KVS)	31	6	37

RESEARCH OBJECTIVES AND METHODOLOGY

The research was planned as a preliminary study on the emotional, physical and sexual violence experienced by persons with disabilities involved in the CBR programme in Bidar district (Karnataka, India) and who were also members of the local DPO.

RESEARCH OBJECTIVES

This research had three main objectives:

- To find out what percentage of persons with disabilities had experienced violence in the last 12 months .
- To find out what percentage of persons with disabilities had experienced violence and sexual violence in the past and in childhood.
- To find out if participation in CBR and DPO activities had any correlation with a reduced incidence of violence.

RESEARCH HYPOTHESIS

The research hypothesis was that persons with disabilities who participate in different CBR and DPO activities would be less vulnerable to violence.

Thus, it was expected that the research results would confirm the following:

- Persons with disabilities involved in CBR and DPO activities will report a reduced incidence of violence and sexual violence over the past 12 months, compared to previously.
- Persons with disabilities who have participated in the CBR and DPO activities for a longer time will report a lower incidence of violence.
- Persons with higher levels of education, of economic independence, of participation in the SHGs and of leadership in the DPO, will report a lower incidence of violence.

PREPARATION OF THE RESEARCH PROTOCOL AND DEFINING THE RESEARCH METHODOLOGY

The basic framework of the study was discussed jointly by the four partners (KVS, ORBIT, Amici Trust India and AIFO-Italy) in a meeting in Agra (India) in November 2012. The research methodology was drafted, discussed with experts and the final draft was prepared.

A questionnaire was also prepared and translated into the local language (Kannada) ready for field-testing. The questionnaire examined three kinds of violence - emotional, physical and sexual. The definitions of the three kinds of violence and the related questions were adapted from the training materials prepared by the Violence and Injury Prevention team of WHO (WHO/VIP) and those used in the WHO multi-country study on "Women's Health and Domestic Violence". The final version of the questionnaire is presented in Annex 3 of this document.

Ethical Guidelines taken from "Putting women first: Ethical and Safety Recommendations for Research on Domestic Violence on Women" (WHO, 2001) were used to define the research protocol. The Ethical Committee of AIFO approved the protocol.

IDENTIFICATION AND TRAINING OF RESEARCHERS

A group of 21 persons (11 persons from the Bidar DPO and 10 persons working for the Bidar CBR programme) were identified by the two local partner organizations (KVS and ORBIT) as the data collectors and researchers. These persons were articulate and possessed good reading and writing skills. 48% of them were male and 52% were female. Among them, 65% had a disability.

Additionally four persons with experience in conducting research (three females and one male), from the Mandya CBR programme in South Karnataka, were invited to join the team as trainers and field supervisors.



Researchers' training - Bidar research

A Core Group of five representatives of the four partner organizations had the responsibility of coordinating the fieldwork. The Group included two representatives of KVS (one male and one female).

A five-day residential training course was organized during which the questionnaire was field-tested and finalized. The training included a basic understanding of the research methodology, ethical issues, confidentiality, informed

consent and difficulties of talking about violence and sexual violence. During the training, some persons from the research team shared their personal experiences of violence.

As part of the training, researchers also completed the consent forms and interviewed each other in groups of two. The data from the completed questionnaires was entered into Epi-Info, a data collection and analysis tool (CDC, 2013). Feedback about improper completion of the questionnaires was given to the researchers. The preliminary results of data analysis were shared with the research team.

Annex 1 presents the list of all the different persons involved in the research. **Annex 2** presents the consent form. The research questionnaire is presented in **Annex 3** and **Annex 4** presents the training programme.

RESEARCH SAMPLE

DPOs in Bidar district had a total of 642 registered members spread over five sub-districts.

The DPOs identified three sub-districts (Basvakalyan, Bhalki and Humnabad) for the study, keeping in mind the geographical and socio-economic indicators. The DPOs in these three sub-districts had a total of 360 registered members. The objective was to interview around 100 DPO members (28% of DPO members in the 3 sub-districts), aiming for gender balance.

Globally, around 68% of DPO members were male and 32% were female. Thus, getting a gender balance in the research sample was a potential problem.

The research sample was composed of DPO members who came to five meetings organized by the DPO in five locations in the three sub-districts. All the DPO members living around the meeting venue were invited to these meetings. A special effort was made to inform the women DPO members and invite them to the meetings. A total of 149 persons came to the meetings. All of them were invited to join the research.

Finally, 146 adults with disabilities (about 40% of the total DPO membership in the three sub-districts) gave their consent and participated in the research. Of them 52% were women. Thus, the study used a non-random convenience sample.

RESEARCH IMPLEMENTATION AND DATA COLLECTION

Persons invited to the DPO meetings were informed that they would be asked to take part in a study but they did not know about the specific theme of the research.

Each meeting was organized as a six-hour seminar. Initially the DPO representatives explained the purpose of the study, assured the participants about the confidentiality of the collected information and asked for a written consent. They also explained that there would not be any negative consequences for persons who did not wish to take part and that during the interviews they could decide if they wished to answer a question or not.



Researchers' training - Bidar research

After collecting the consent forms, everybody divided into male and female groups. In each group, researchers and core group members explained and discussed the different kinds of violence faced by persons with disabilities and the difficulties of talking about this issue. The researchers also shared some stories about violence experienced by persons with disabilities. These discussions were carried out in closed spaces where no external persons were allowed. Participants were encouraged to ask questions and share opinions.

After these plenary discussions, individual interviews were carried out in separate rooms. Each interview had three persons - two researchers (one CBR worker and one DPO representative) and the interviewee. One of the researchers asked questions and the other researcher filled in the questionnaire. Except for occasional visits by supervisors, no other person was allowed to enter the interview rooms.

Male researchers interviewed the men and female researchers interviewed the women. No CBR worker or DPO member belonging to the sub-district of the interviewee was allowed in the interview room. The questionnaire did not have any information that could be used to identify individuals. Persons with experience in psychological counselling were available to provide support in case of need.

After completing all the interviews, the plenary meeting was resumed to discuss the experience of answering the questionnaire and any difficulties faced during the interviews. Finally, at the end of the day, before closing the meeting, the DPO distributed a blanket to

each participant (equivalent in value to one day's minimum wage). No advance information about the distribution of the blanket was given to the interviewees.

At the end of the interviews and meetings, the research team held a small meeting to review the experiences of the day and to make plans for the next day.

DATA ENTRY AND ANALYSIS

Each day, during the field data collection, the completed questionnaires were entered into Epi-Info. Feedback about any improper completion of the questionnaires was given to the supervisors who discussed it with the interviewers. Before the end of the data collection, a quick analysis of data was done with Epi-Info and the preliminary results were discussed with the researchers.

The data entry and complete data analysis continued after the completion of the field data collection. The statistical significance of differences was calculated by the two-tailed Fisher test and differences were considered statistically significant if $p \leq 0.05$.

This preliminary report focuses on the main results from information collected through the 146 questionnaires.

DEFINING SIGNIFICANT VIOLENCE

Only the reports of "significant" emotional or physical violence reported in the questionnaire were counted during data analysis. Certain rare or occasional episodes of emotional and physical violence were not counted as "significant" violence as it was felt that such episodes could happen to anyone.

Rare and occasional episodes of emotional violence were considered as "not significant" and excluded from analysis. Only when emotional violence was reported as frequent or very frequent, was it considered as "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.

All the remaining experiences of physical violence (such as, "occasional", "frequent" or "very frequent" episodes of physical violence, any episode of a life-threatening violence and any violence involving weapons) were counted as "significant" violence. Finally, all reports of sexual violence were also considered as "significant" and included in the data analysis.

PERSONAL EXPERIENCE OF VIOLENCE AMONG THE RESEARCHERS

During the training, the analysis of data from questionnaires about the researchers showed that 43% of them had reported experiences of violence during the past 12 months, including 14% who had experienced sexual violence.

Among the male researchers, 50% of persons with disabilities and 25% of the non-disabled persons reported experiences of violence during past 12 months. None of them reported sexual violence.

Among the female researchers, 38% of the persons with disabilities and 67% of non-disabled persons reported violence during the past 12 months. 38% of the women researchers with disabilities also reported episodes of sexual violence in the same period.

Researchers held a leadership role in a DPO, and were more educated and more articulate than general DPO members. These findings about the personal experiences of violence against the researchers were seen as a sign that the research hypothesis concerning the impact of participation in CBR and DPO activities and the subsequent reduction of the incidence of violence might not be true.

On the other hand, it was felt that this personal experience of violence against the researchers may promote empathy with the interviewees and the collection of more accurate information about the violence faced by them.

PSYCHOLOGICAL STRESS DURING THE RESEARCH

During the interviews, a number of interviewees cried while talking about their experiences of violence. During the plenary meetings following the interviews, many persons expressed satisfaction about talking about this issue with others for the first time in their lives.

During the interviews, two persons asked for help in dealing with ongoing violence in their lives. CBR programme and the district DPO agreed to follow these two persons and to support them to find a solution.

During the daily final feedback sessions the interviewers also shared their own feelings of distress and pain while listening to stories of the interviewees. Some of the interviewers also cried while sharing those experiences.

RESULTS

The research hypotheses about the reduction in violence associated with CBR and DPO activities were not confirmed by the results from the data analysis.

GENERAL AND DEMOGRAPHIC INFORMATION ABOUT THE INTERVIEWEES

A total of 146 persons with disabilities answered the questionnaires. 52% of the interviewees were female and 48% were male. The over-representation of women in the sample compared to their participation in the DPO (only 33% of all DPO members were women) was a result of efforts made by DPOs and CBR personnel to ensure gender balance in the sample.

Less than one-third of the men in the sample were married while among the women, more than 50% were married.

All the age groups, from 18 to 90 years were represented and about one-third of them were below 30 years of age. The median ages were 40 years for men and 30 years for women.

All education levels were represented among the interviewees including illiterate persons (around 40%) and university graduates (around 20%).

TYPE OF IMPAIRMENT AMONG THE INTERVIEWEES

Using registration data from the CBR programme, the interviewees were grouped following the eight impairment categories as proposed in the WHO CBR manual (Helander E. et al., 1989):

- Physical or movement disabilities (67%);
- Multiple disabilities (12%);
- Visual disabilities (9%);
- Hearing and speech disabilities (6%);
- Leprosy related disabilities (5%).

Persons with the remaining three types of impairment - psychosocial disabilities, convulsions-related disabilities and intellectual disabilities, were a small part of the sample (together about 1%).

All the interviewees were asked about their difficulties in functioning according to the questions suggested by The Washington Group (WG, 2010). Analysis of this data showed that around 50% of interviewees had functioning difficulties in two or more areas, though only 12% of sample was considered as "multiple disabilities" by the CBR programme. For example, 13% of persons grouped under "physical/movement disabilities" also had vision related disabilities. A separate report will be prepared to present this part of the analysis.

EXPERIENCE OF VIOLENCE DURING THE LAST 12 MONTHS

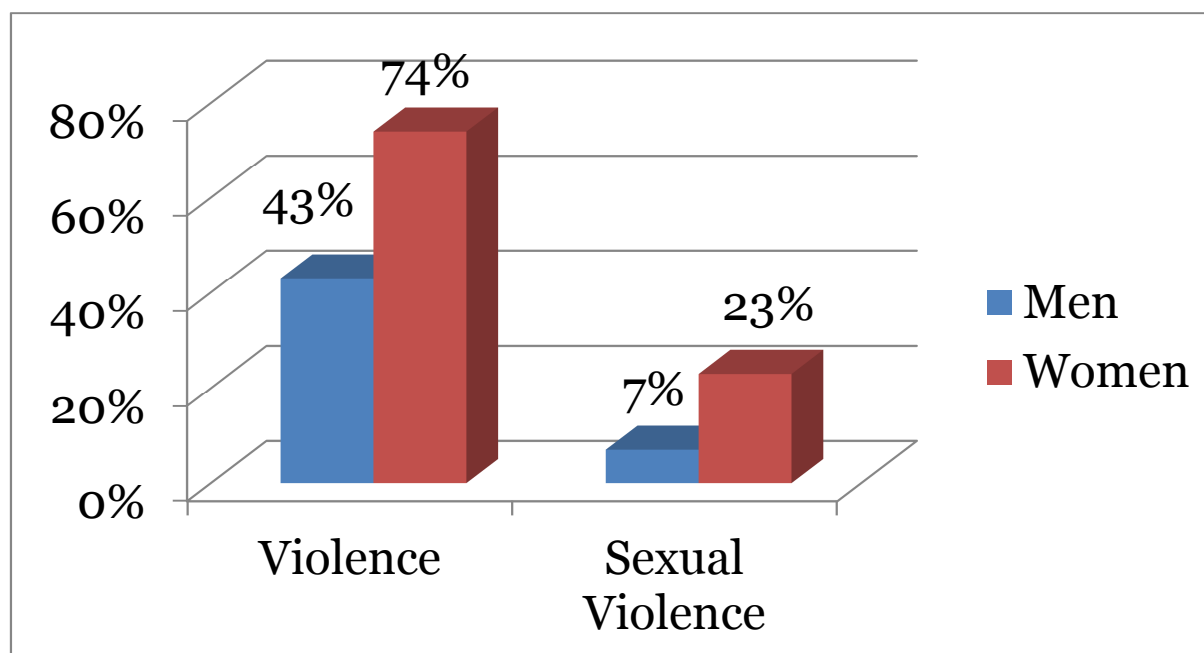
Interviewees were asked about their experiences of violence in the last 12 months in order to calculate the incidence of violence against adult persons with disabilities at community level.

Globally, around 58% of the interviewees reported experiences of violence, including 14% who had experienced sexual violence, in the past 12 months. Women reported higher levels

of violence than men. About 74% of the women had experienced violence in the past 12 months and about 23% had experienced sexual violence during that period. On the other hand, 43% of the men had experienced violence in the past 12 months and 7% of them had experienced sexual violence during that period.

The differences in the violence experienced by men and women were statistically significant ($p=0.002$). The percentage of men and women with disabilities who reported significant violence over the past 12 months are shown in Graph 1.

Graph 1: Incidence of violence in the past 12 months



EXPERIENCE OF VIOLENCE IN THE PAST

The interviewees were asked about their experiences of violence in the past (more than 12 months ago). Globally, 66% of the interviewees reported experiences of violence in the past. Once again, the percentage of women with these experiences (70%) was higher than the men (62%) but the difference was much less compared to violence in the past 12 months, and statistically it was not significant.

Thus, compared to the violence experienced during past 12 months, globally violence was greater in the past (66%) compared to violence in the past 12 months (58%). This difference was statistically not significant. This higher incidence of violence in the past was due to the higher incidence of violence against men with disabilities (62% in the past compared to 43% in the last 12 months). This difference was statistically significant ($p = 0.0344$)

On the other hand, among the women, the incidence of persons who had experienced violence during the past 12 months (74%) was marginally higher than the violence reported in the past (70%). This difference was statistically not significant.

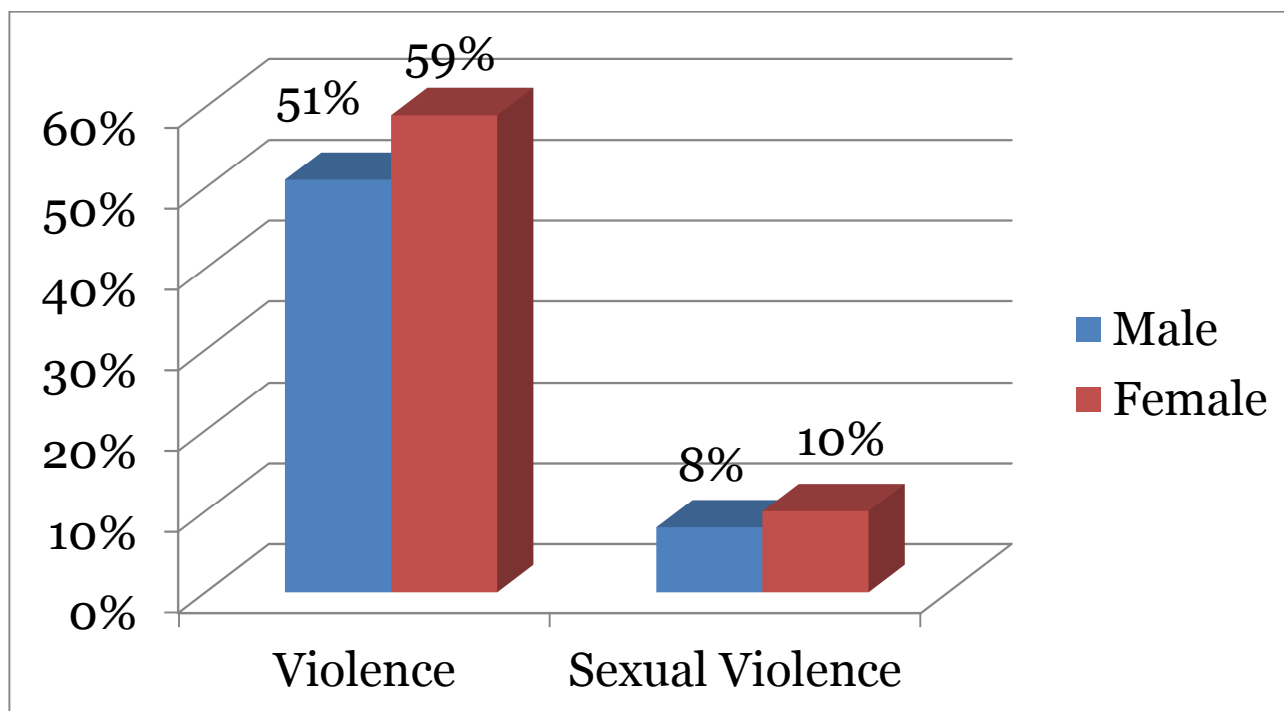
EXPERIENCE OF VIOLENCE IN CHILDHOOD

The interviewees were also asked about their experiences of violence in childhood, before they were 18 years old.

In the research sample, 55% of the interviewees reported they had experienced violence as children (59% of the women and 51% of the men). This difference in the incidence of violence against male and female children was statistically not significant. Among them, 9% confirmed that they had also experienced sexual violence in childhood (10% of the women and 8% of the men). Again the difference between the sexual violence experienced by the male and female children was statistically not significant.

Thus, a significant finding from this research is that in childhood, both male and female children with disabilities are vulnerable to sexual violence, as shown in Graph 2.

Graph 2: Incidence of violence experienced during childhood



OTHER INDIVIDUAL FACTORS INFLUENCING VULNERABILITY TO VIOLENCE

Data collected was analysed for correlations between individual characteristics and the incidence of violence over the past 12 months. These factors included age, marital status, education level, religion and caste.

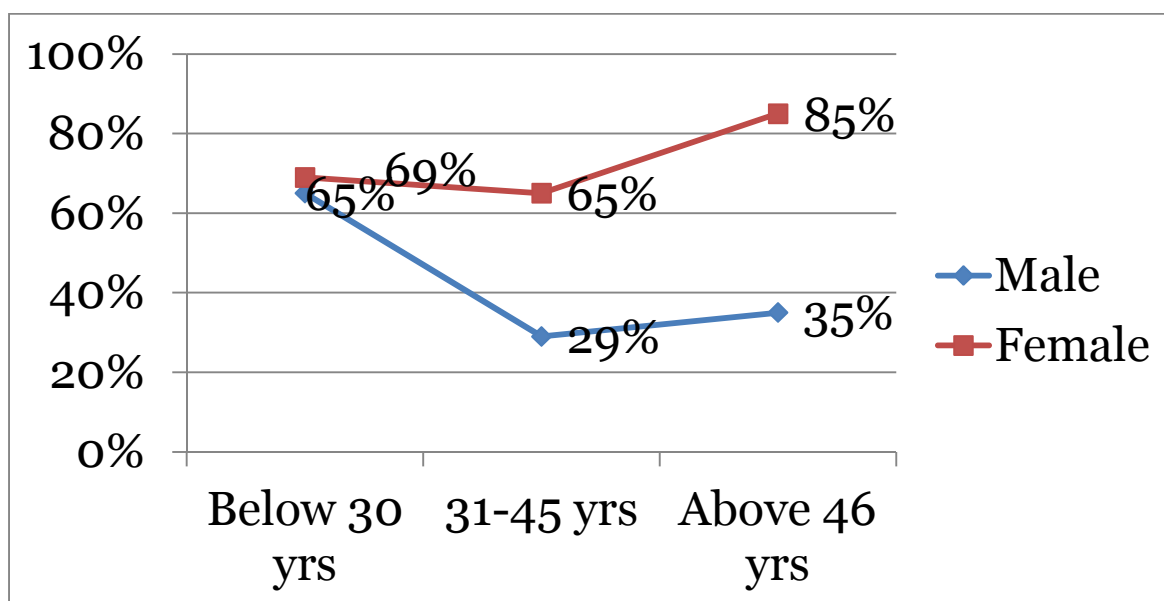
Age and experiences of violence: Globally, persons below 30 years had the highest rates of violence during the past 12 months (67.7%). The rates fell in the age group 31-45 years to 39.4% and this fall was statistically significant ($p=0.0095$). The rates rose again to 58.8% in persons who were above 46 years old.

The data was disaggregated for men and women. The disaggregated data showed that rates of violence over the past 12 months were quite similar for men and women in the below 30 years group, 65% for men and 69% for women.

In the age group 31-45 years, the rate fell significantly for men to about 29% but remained almost unchanged for women (65%). Finally, in the age group above 46 years, the rate increased slightly in the men (35%) while women above 46 years reported the highest rate of violence (85%).

Graph 3 shows the incidence of violence over the past 12 months against men and women with disabilities of different age groups.

Graph 3: Incidence of violence in the past 12 months by age group



Marital status and experiences of violence: Married men experienced slightly higher rates of violence (52.4%) over the past 12 months than unmarried men (40%). Among the women, the situation was inverted - single women reported higher rates (81.2%) of violence than married women (68.4%).

Neither of these differences between married and unmarried was statistically significant.

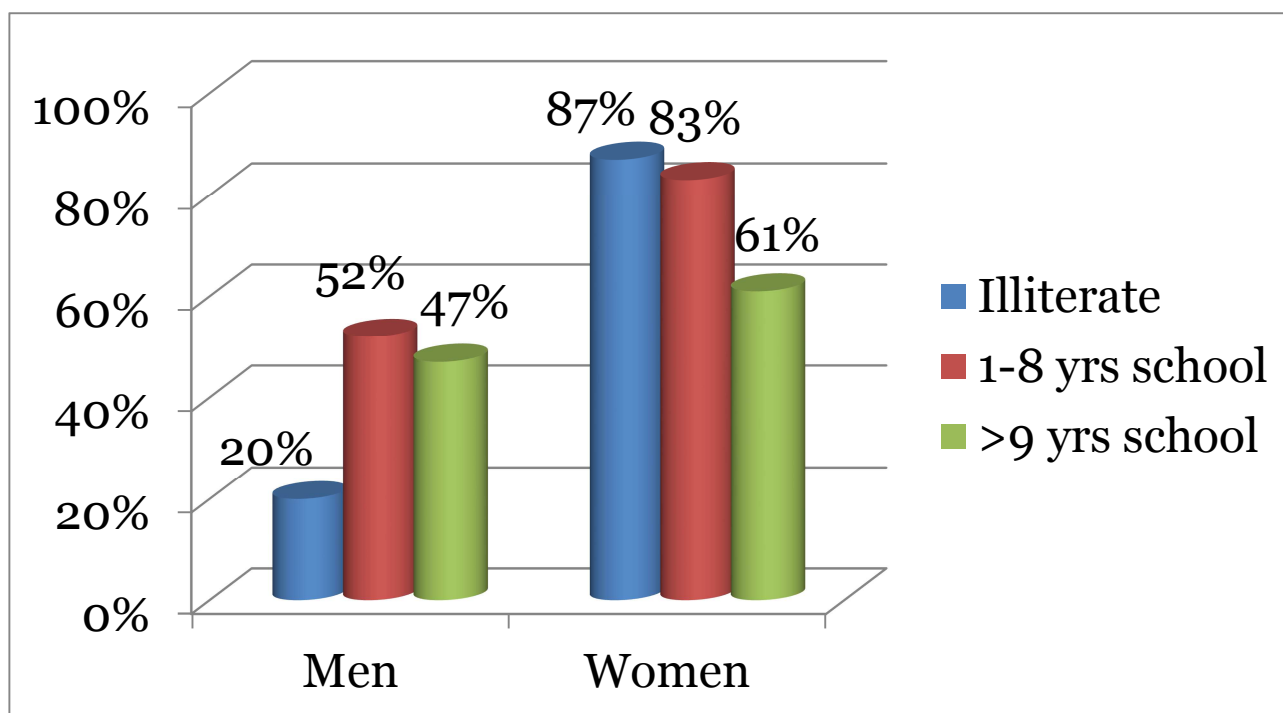
Education levels and experiences of violence: Among the men, the incidence of persons experiencing violence over the past 12 months was lowest among illiterate men (20%). It increased for those who had one to eight years of education (52%) and remained high even among those who had more than nine years of education (47%).

Among the women, the incidence of persons experiencing violence over the past 12 months was highest among illiterate women (87%). It decreased marginally for those with one to eight years of education (83%) and was lowest for women with nine or more years of education (61%).

Thus, a higher level of education seems to be associated with a higher incidence of violence for men with disabilities. This could mean that men with disabilities face more violence from peers and colleagues when they leave home for educational institutions and the work place. On the other hand, among the women with disabilities, a higher level of education seems to have a very modest impact on the reduction of the incidence of violence.

Graph 4 shows the correlation between education levels and experiences of violence among men and women.

Graph 4: Incidence of violence in the past 12 months by level of education



These differences between men and women by level of education were statistically significant.

Thus, vulnerability of men and women with disabilities to violence seems to be affected differently with changes in age, marital status and educational levels.

Religions and experiences of violence: Within the sample there were persons of different religions - Hindus (77.4%), Muslims (11.6%), Christians (8.2%) and others (3%). The percentage of persons who had experienced significant violence over the past 12 months, showed only minor differences between the persons of different religions - 42% among Christians, 41% among Muslims, 34% among Hindu and 25% among others. None of these differences were statistically significant.

Castes and experiences of violence: Among the 113 persons who had declared themselves as Hindus, 57.5% belonged to the marginalized caste groups (scheduled castes and tribes or SC/ST groups) while the remaining 42.5% belonged to other castes.

The percentage of persons with disabilities in the different caste groups facing violence over the past 12 months was slightly higher for the more marginalized caste groups (60%) compared to the persons of "other" (non SC/ST or "higher") castes (50%).

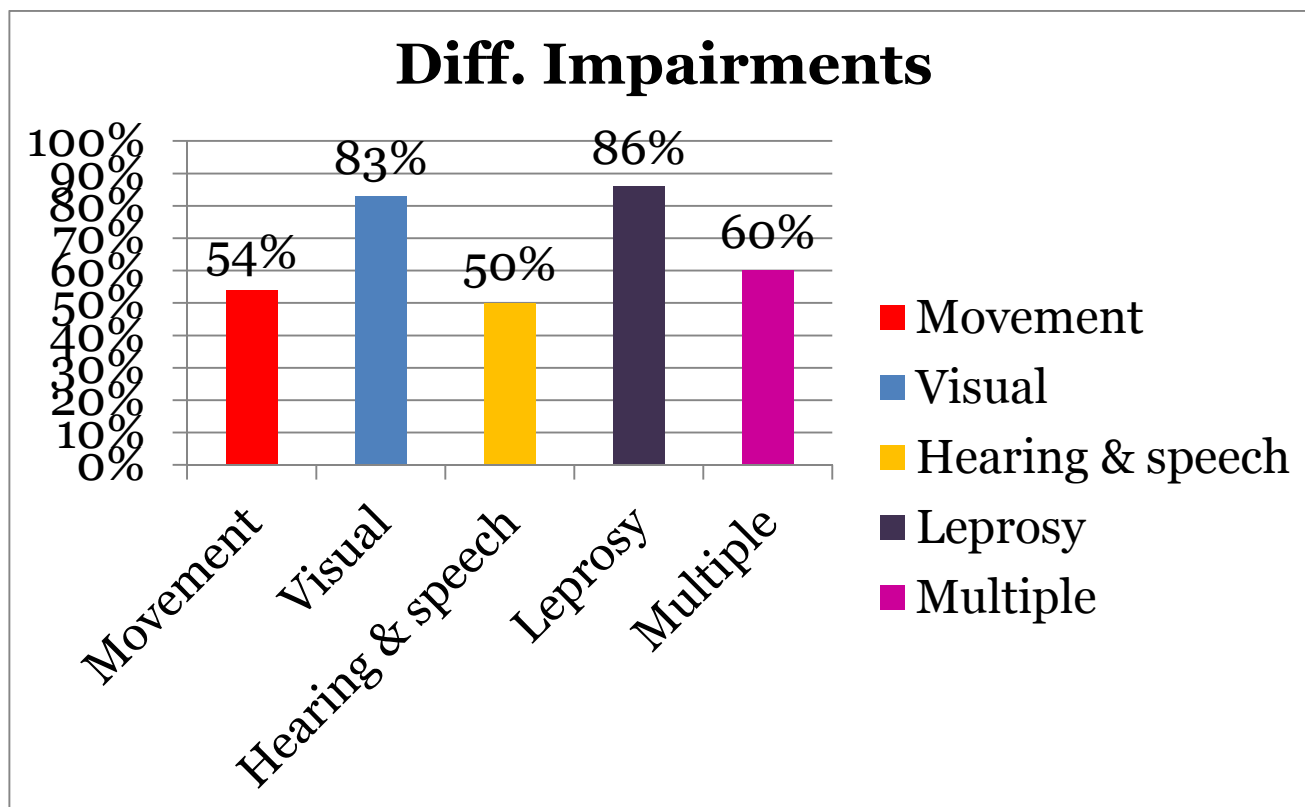
However, statistically this difference was not significant.

CATEGORY OF IMPAIRMENT AND VULNERABILITY TO VIOLENCE

None of the five groups of impairment represented in the sample (physical, visual, hearing and speech, leprosy related and multiple) were exempted from violence over the past 12 months, including sexual violence. Persons affected with leprosy reported the highest rate of violence (86%), followed closely by persons with visual disabilities (83%).

The rates of violence experienced in the past 12 months for persons from the other three groups were - multiple disabilities (60%), physical disabilities (54%) and hearing and speech disabilities (50%).

Graph 5: Incidence of violence in the past 12 months by impairment



None of these differences between impairment categories were statistically significant and should be considered as tentative. Three groups of persons (leprosy affected persons, visual disabilities and hearing and speech disabilities) were represented in the sample by relatively small numbers of persons (5 to 9% of the sample). Thus, it is not possible to draw conclusions about the relative vulnerability of persons with these disabilities from this data. For that, a study involving a larger sample of different groups of persons with disabilities will be needed.

CBR ACTIVITIES AND VULNERABILITY TO VIOLENCE

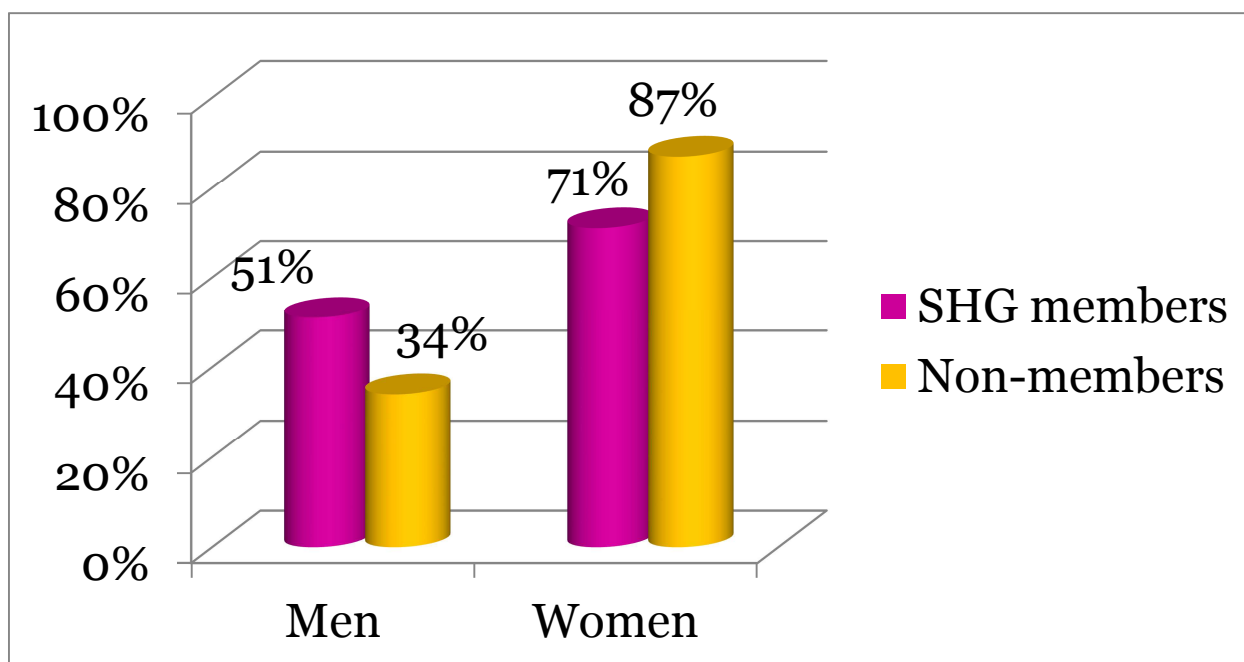
The Bidar CBR programme includes different activities for facilitating social participation, socio-economic autonomy and empowerment. The research hypothesis was that persons who benefit from these activities would face a reduced incidence of violence. Therefore, during data analysis, the correlation between the level of participation in these activities and the incidence of violence were explored.

Participation in the SHGs and experiences of violence: Setting up of SHGs for persons with disabilities in the villages is one of the activities of the Bidar CBR programme. These SHGs were involved in a variety of activities including basic literacy, savings and credit funds, advocacy and access to scholarships and disability certificates. Around 63% of the interviewees were SHG members.

A comparison of the incidence of violence over the past 12 months between the SHG members and the non-SHG members showed that SHG members had experienced slightly more violence than the non-members (61% compared to 58%).

Analysis of the data disaggregated for gender showed that male SHG members had suffered a higher incidence of violence in the past 12 months than the non-SHG members (51% and 34%). On the other hand, the situation was inverted for women, where non-SHG members faced more violence than the SHG members (87% and 71%).

Graph 6: Incidence of violence in the past 12 months by SHG membership



Thus, it seems that participating in SHGs does not reduce the incidence of violence against men with disabilities. On the other hand, SHGs seem to provide some protection from violence to the women with disabilities. However, neither of the differences between the two groups of women and the two groups of men was statistically significant.

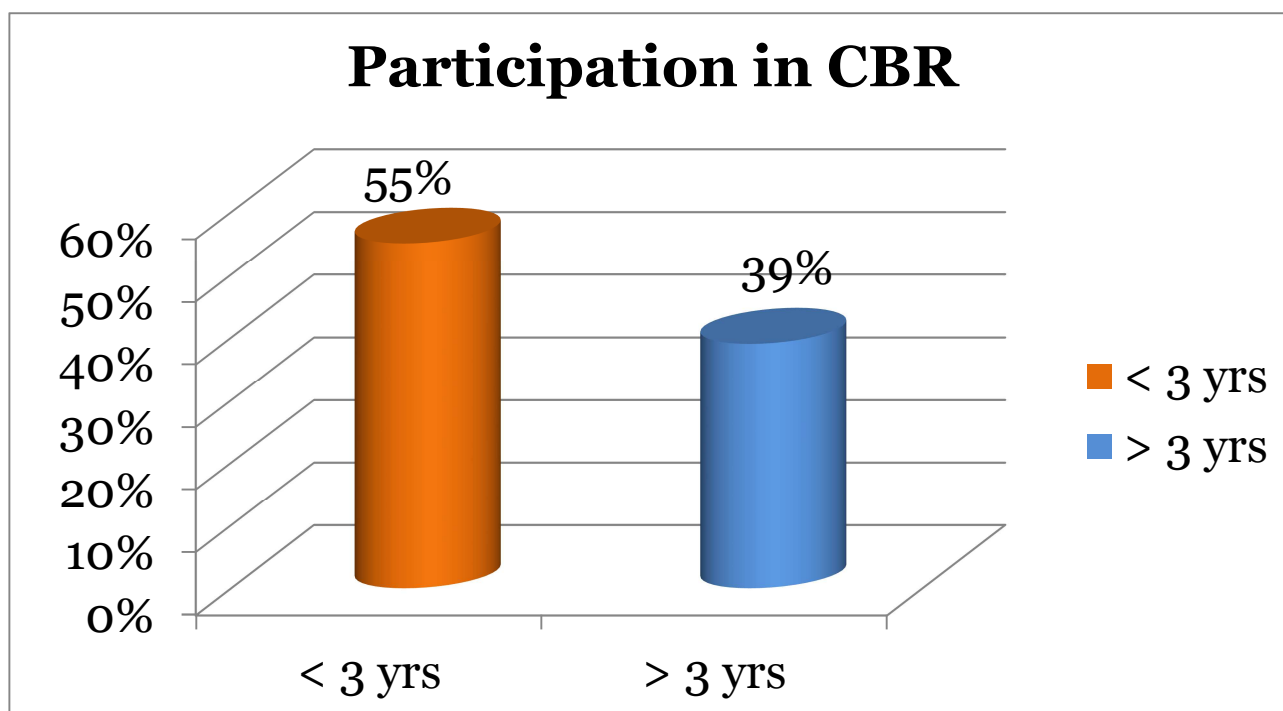
Disability pension and experiences of violence: Persons with disabilities, who have a disability certificate specifying the degree/severity of their disability, have a right to receive a small monthly disability pension. In the research sample, 84% of the persons received the disability pension.

Persons who received a monthly pension reported a slightly lower incidence of violence than those who did not receive any pension (58% compared to 65%). Analysis of data disaggregated for gender provided similar information for both men and women. Thus, access to a disability pension seemed to provide some protection from violence to both men and women. However, none of these differences were statistically significant.

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

Persons who have been in CBR for less than three years reported more violence than those who had been in the programme for three or more years - 55% compared to 39%.

Graph 7: Incidence of violence in the past 12 months and duration of participation in CBR



A longer duration of participation in the CBR appears to have a positive impact on the reduction of the vulnerability to violence. However, this difference was statistically not significant.

PARTICIPATION IN THE DPO AND EXPERIENCES OF VIOLENCE

Duration of participation in the DPO and violence: 21% of the research participants had been a member of the DPO for less than three years while 79% had been a member for three or more years. Comparing the percentage of persons who had experienced violence during the past 12 months in these two groups showed that persons who have been in the DPO for less than three years reported less violence than those who had been in the programme for three or more years - 52% compared to 60%. This difference was statistically not significant. Thus, a longer duration of participation in the DPO was not associated with a reduction in the incidence of violence.

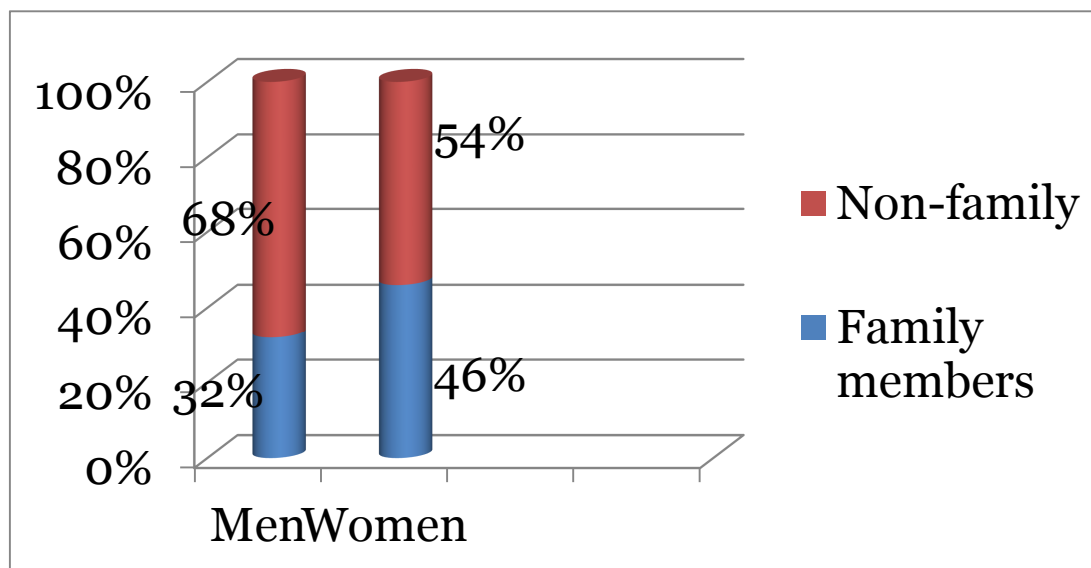
Role in the DPO and violence: Around 15% of the research participants had a leadership role in the DPOs and were members of the DPO governing bodies while the remaining 85% were ordinary members. Ordinary members of the DPO reported less violence than those who had a leadership role - 56% compared to 75%. Thus, a leadership role in the DPO was associated with a higher incidence of violence.

These findings about DPO participation and incidence of violence were unexpected, however the differences were statistically not significant.

PERSONS PERPETRATING THE VIOLENCE

Family members were responsible for 32% of all violence against men with disabilities and 46% of all violence against women with disabilities. Non-family members were the perpetrators of 68% of the violence against men and 54% of that against women.

Graph 8: Incidence of violence in the past 12 months by perpetrators



Thus, generally speaking, men with disabilities faced more violence outside their families, while comparatively women faced greater violence inside their families.

Perpetrators of the violence also differed according to the kind of violence against men and women with disabilities.

For the men, non-family members perpetrated 72% of the emotional violence, 63% of the physical violence and 71% of sexual violence. These included friends, peers in the educational institution or workplace and other persons in the community.

For the women, non-family members perpetrated 62% of the emotional violence, 32% of the physical violence and 86% of the sexual violence. Among the non-family persons involved in the violence, the most significant group was that of "other persons in the community".

ACTION TO RESIST THE VIOLENCE

All the persons with disabilities who had reported any episode of violence were asked if they had ever reported this violence either to some person or to an institution. 59% of the women and 71% of the men had reported the violence to get help in preventing future violence.

Among the women who had asked for help, 56% had asked their family members, 22% asked non-disabled colleagues and peers, 16% asked the DPO and 12% asked CBR personnel.

Among the men who had asked for help, almost all of them had asked their family members. Additional help was sought from the colleagues and non-disabled peers (33%), from the DPO (12%), from friends (8%) and from the police (4%).

Those who did not seek help: 41% of the women and 29% of men had not sought any help in preventing future violence. They were asked the reasons for not asking for help.

Among the women who did not ask for help, the most important reasons 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 who did not ask for help, the most important reasons 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

The study provided limited evidence of a positive role of CBR in preventing violence against persons with disabilities. It also brought out some unexpected results. As explained in the research hypothesis, it was expected to find a stronger role played by CBR and DPO activities in preventing violence. Limited evidence about the protective role of CBR programme in this study could have been due to the small sample size.

Incidence of violence against persons with disabilities in Bidar district: How do results of this study compare with other research about violence against persons with disabilities at community level in developing countries? No other studies of CBR programmes or community surveys from a developing country involving both men and women with different impairments could be identified for comparison with the results of this work. No published paper or any grey literature (such as project reports) could be identified that looked at violence against men with disabilities at the community level in India or other developing countries and thus, it was not possible to compare the Bidar results regarding men with other studies.

However, it was possible to compare the data regarding violence against women with disabilities at community level. Two community surveys from India were identified involving women with disabilities and focusing on domestic violence:

- *Abuse and activity limitation: A study on domestic violence against disabled women in Orissa, India* (Mohapatra S. and Mohanty M., 2005): This study looked at four groups of women with disabilities - physical, visual, hearing and intellectual. The study data was presented in two groups – the first group including women with physical, visual and hearing disabilities and the second group of women with intellectual disabilities. This study found that among women with physical, visual and hearing disabilities, 22.6% had experienced physical violence and 12.6% had experienced sexual violence.
- *Count me in - Violence against disabled, lesbian and sex-working women in Bangladesh, India and Nepal* (CREA, 2009): This study looked at different groups of women including women with disabilities in three countries and found that 59% of unmarried women and 54% of married women had experienced violence.

The above-mentioned studies did not specify the period over which the violence had occurred, while in Bidar questions were asked about violence in three specific periods - in the last 12 months, violence before that period and violence in childhood.

In comparison with the above studies, the research in Bidar CBR programme found a much higher incidence of violence over the past 12 months - 74% of women with disabilities had experienced violence and 23% of them had experienced sexual violence during this period.

The higher incidence of violence reported in Bidar may be because:

- In Bidar persons who were already familiar to the respondents collected the information and many of them were persons with disabilities from the same communities and who also had personal experiences of violence.
- The Bidar research looked at emotional, physical and sexual violence with the help of very specific questions, while the two studies mentioned above focused only on physical and sexual violence.

- In Bidar, the interviews were held in a place away from home and family members, where privacy was guaranteed, while the two studies mentioned above described household surveys.

Violence against men with disabilities: Discussions about violence focus almost exclusively on female adults and children, males are hardly mentioned. However, this study raised the issue of violence, including sexual violence, against younger men and boys with disabilities. Results need to be verified with other studies in India and other countries.

This research confirmed that women with disabilities are more vulnerable to violence than men with disabilities, especially in terms of incidence of violence during the last 12 months (74% women compared to 43% of men). Women were also more vulnerable to sexual violence over the past 12 months - 23% of women with disabilities compared to 7% of men with disabilities. However, if we look at all past experiences of violence, the differences between men and women with disabilities are smaller (70% women compared to 62% men).

The questions about past violence did not include details of frequency or severity. Thus, though similar percentages of men and women with disabilities reported experiences of violence, the frequency and severity of the violence were not necessarily similar.

Violence in childhood: Around 55% of persons with disabilities reported that they had experienced violence during childhood. Even in childhood, the number of male children who had experienced violence was slightly less than that reported for female children (51% in males and 59% in the females).

Some 9% of the persons with disabilities reported childhood sexual violence, the difference between male and female children was very small (8% in males and 10% in females).

Thus, research showed that both male and female children with disabilities were vulnerable to violence and sexual violence. Therefore, activities for identification and prevention of childhood violence including sexual violence, must be directed both at male and female children with disabilities.

Violence against leprosy affected persons: There are many studies dealing with stigma, discrimination and exclusion concerning persons affected with leprosy. However, less work has been done to understand their vulnerability to emotional, physical and sexual violence.

In the small group of persons with leprosy related disabilities examined in this study, 86% reported violence and 28% of them reported sexual violence in the last 12 months. Therefore, investigating the incidence of such experiences in different countries and cultures can be an area of study for organizations that work with leprosy affected persons.

Impact of the CBR programme on the prevention of violence: While the research showed a high incidence of violence and sexual violence against the persons with disabilities, it did not provide firm evidence for an impact of CBR activities on the reduction of violence. Longer participation in CBR activities and the receipt of a monthly pension were correlated with some reduction in violence. Higher education levels and participation in SHGs showed some protective effect but only for women with disabilities. All these differences were modest and statistically not significant.

The study also showed no correlation between DPO participation and the prevention of violence.

CBR Guidelines (WHO, 2010) suggest different meanings of "empowerment" in different contexts including - having a say and being listened to, self-power, own decision making, having control or gaining further control, being free, independence, and being capable of fighting for one's rights. Among the activities for promoting empowerment, CBR Guidelines touch on advocacy and participation in SHGs and DPOs. These activities were part of the Bidar CBR programme. Most of the research participants were SHG members, and all of them were DPO members. Many of them had taken up leadership roles. Yet none of these seemed to have affected significantly their vulnerability to violence.

Laverack (Laverack G. 2006) proposed to view empowerment in a programme context "as a process in which individuals, groups, and communities progress towards more organized and broadly-based forms of social action." Perhaps, a lack of collective social action to counter violence in the Bidar CBR programme can explain the disconnect between individual and collective empowerment of persons with disabilities and their vulnerability to violence.

The results of the study could also mean that increased social participation and autonomy, raising of the voice, fighting for access to services and empowerment in certain areas of life do not automatically lead to denouncing or resisting the violence suffered at home, in the community and in the work place. Therefore, new strategies need to be tested to see how empowerment in other domains of life can be extended to protection against violence. At least some of these strategies should aim at collective action, including some kind of dialogue with institutions.

At the same time, CBR and DPOs may need to link up with mainstream organizations working for the prevention of violence against women and children who are not disabled.

OPINIONS OF THE RESEARCHERS - DPO MEMBERS AND CBR PERSONNEL

The preliminary findings from a partial analysis of the data were shared with the different persons involved in the research to ask for their opinions and feedback on the results. The information that almost three-quarters of the interviewed women had experienced violence during the past 12 months and that about one-fourth of them had experienced sexual violence was a sobering finding for the CBR personnel and the DPO representatives.

The researchers, who were DPO members and leaders and persons working in the CBR programme, were asked to think of reasons why the gains made by persons with disabilities in so many different aspects of life had not translated into reducing the vulnerability to violence? The comments of the researchers can be summarized in the following four points:

- A certain level of violence against those who are considered weak is common in Indian society. This violence is embedded in family and community relationships. It is part of the way in which public institutions treat their citizens, and in which powerful citizens behave towards weaker sections of society. In rural areas, the feudal mindset continues to be pervasive. Thus, violence becomes "normal" and it seems that this cannot be changed.
- The theme of violence and, even more, the theme of sexual violence are taboo and nobody talks about them. The issues have never been discussed within the CBR programme, neither were they discussed in the DPO. Thus, it was a submerged

theme, people knew about it because it happened to them, but they felt that they were isolated in their experiences. It was seen as something shameful, something that people had to hide.

- The authorities, the police and the institutions that are supposed to help are often themselves perpetrators of violence. Persons with disabilities have to pay a bribe for every government benefit they receive. If officials ask for sexual favours, people feel helpless. It seems that there are no institutions, no services that can help the victims.
- There is no infrastructure for support and help. If persons complain about their own families they are thrown out of their homes. Where can they go, who will help them? There is no one. So even when people know that it is wrong, they accept it.

The researchers suggested that CBR programmes and DPOs need to address the issues openly and facilitate persons with disabilities, DPO members and CBR personnel to understand the associated factors. More information and specific learning materials about strategies to deal with and to prevent violence are needed.

The researchers also agreed that debate on the issue of violence against persons with disabilities needs to involve other institutions, organizations and bodies that are concerned with domestic violence and violence against children. These discussions should also involve political authorities, legal institutions and the police at state and district levels.

Finally, more research is needed on this issue in other CBR programmes both in India and other countries. If CBR programmes have experimented with strategies to deal with and to prevent violence against persons with disabilities, there is a need to share such experience.

OTHER ISSUES RAISED BY THE RESEARCHERS

Some of the researchers had raised other issues regarding the definition of violence. Many researchers felt that if a person's family refuses to consider the marriage of a person with disabilities it can be a worse kind of violence, because it condemns that person to a lonely life. This was an issue specific to Indian culture, where parents are supposed to decide upon the marriage of their children. However, it was decided not to add this issue to the definition of violence used in this study.

Some researchers also raised the issue of severity of a disability. They felt that even when the impairments are mild and hardly interfere with any significant body functions, still the stigma in the community against imperfect body may be very strong, especially for women. They felt that even persons without significant functional limitation often experience barriers and violence that isolate them. However, in such cases, according to the CBR programme and to the government, these persons are not always recognized as persons with disabilities and consequently with the right to access disability benefits.

RESEARCH LIMITATIONS

This was a small study, carried out in a small non-random convenience sample over a short period of time. There were no control groups and no follow-up plan to develop strategies to deal with the findings of the research. Some groups of persons with disabilities were missing: persons with convulsions, persons with psychosocial disability and persons with intellectual disabilities.

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

CONCLUSIONS

This work on understanding the extent of violence experienced by the DPO members involved in a CBR programme in Bidar district of Karnataka (India) was planned as a preliminary study.

The **conclusions and recommendations** of the research can be summarized as:

- Violence against persons with disabilities is a serious issue that affects a large percentage of men and women. Though more women face violence and face violence more frequently, men with disabilities are also vulnerable to violence including sexual violence, especially in childhood. Violence against persons with disabilities is like an iceberg: just a tiny part is visible, even to the CBR programme and DPOs, while the majority of this violence remains hidden below the surface.
- CBR programmes and DPOs promote greater social participation and autonomy, access to services and empowerment. However, these benefits do not automatically translate into protection from violence. CBR programmes and DPOs must specifically discuss and address the issue of violence, only then can solutions become possible.
- CBR programmes in other parts of India and the world should initiate research to understand the severity and extent of violence against persons with disabilities at community level. They should also experiment with pilot strategies for reducing the vulnerability of persons with disabilities to violence. Greater awareness about preventing violence must be created in mainstream organizations working in communities with persons with disabilities, including children.
- At national and international level, development of suitable training material (including adapting existing material prepared by mainstream organizations working for women and children) on this issue is needed for the CBR programmes. Violence prevention must be a part of all training courses on CBR.

This preliminary research on violence against persons with disabilities has been a small beginning. It needs to be followed up by other initiatives to understand the situation in different contexts and to promote a lasting change.

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ANNEX 1 - RESEARCH TEAM

RESEARCH CORE GROUP MEMBERS	
Dr Sunil Deepak	Global coordinator for the research
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Mr. Simon	Aurad Taluk, Bidar DPO
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Sr Precilla B. S.	Humnabad taluk, Bidar CBR
Sr Precilla S.R.A.	Aurad taluk, Bidar CBR

ANNEX 2 – CONSENT FORM

Research: Identifying & preventing violence & abuse towards persons with disabilities, and supporting persons affected by it

Questionnaire Statement of Disclosure & Informed Consent

This research is being conducted by ORBIT in collaboration with AIFO India in an effort to learn how persons with disabilities are affected by violence and abuse in their daily lives, how can we identify and prevent it and how we can provide support to persons who have been affected by episodes of violence and abuse in their lives. The research will directly involve persons with disabilities who are already members of a Disabled Peoples' Organisation (DPO).

PURPOSE OF RESEARCH STUDY:

The proposed research on "Violence and abuse against persons with disabilities" in some sub-districts of Bidar district in Karnataka (India) and has the following objectives:

- Objective 01: To understand the prevalence of different kinds of abuse and violence against different groups of persons with disabilities
- Objective 02: To support persons with disabilities, DPOs and CBR programme to identify suitable strategies to prevent and identify cases of violence and abuse in the communities and to support persons who are victims of violence and abuse.

The research will have a total duration of six months - including an 15 day period for information collection and definition of strategies. Within six months from data collection, the findings from the research will be used to provide feedback to CBR programme and DPOs, asking them to review their strategies.

PROCEDURES:

If you agree to join this research study, you will complete a questionnaire which will take approximately 20 minutes.

Your name will not be used anywhere in the research, and all personal references that might be used to identify you will be deleted. The researchers will combine the responses from your questionnaire with the other completed questionnaires in a summary report. These reports will not use your name or any of your personal information. Research team will take a number of steps to keep any personal information about you private to the fullest extent possible.

RISKS/DISCOMFORTS:

The risks of participating in the study include the risk of the loss of privacy and emotional distress because of subject of the research. The persons conducting interviews have been trained in conducting the interview with empathy and sensitivity with full respect for your views and your decisions. A doctor and a counsellor will be available during the interview to provide any support that may be needed. Arrangements have been made for referral support to the specialist centre. Unless you wish and ask specifically, no action will be taken regarding any persons responsible for violence and abuse towards you.

Research team has taken a number of steps to prevent losses of privacy. All the information will be collected in an anonymous way. Your name will not be written anywhere. The information you provide the researchers will be kept in a secure place where only the researchers have access to it. Once the information you have provided is summarized, all personal references that might be used to identify you will be deleted. Questionnaire summaries will not include enough information to identify you.

You may refuse to answer any question at any time and your refusal to participate in any way will not involve any penalties.

ALTERNATIVES TO PARTICIPATION:

Your participation in this study is voluntary. You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or quit early from the study, you will not be punished or lose any benefits to which you have a right.

BENEFITS:

The benefit of participating in this study is that you have the opportunity to share information about a very difficult issue and to receive appropriate support if needed. At the same time, you will contribute to the process of increasing our understanding about a key issue that will help in defining strategies for other programmes working with persons with disabilities in India and other countries.

WITHDRAWAL PROCEDURES:

If you wish to stop the study, please notify the study staff right away. You may quit the study at any time. You do not have to answer any questions that you do not wish to answer. Again, if you refuse to join or quit early from the study, you will not be punished or lose any benefits to which you have a right.

PRIVACY INFORMATION:

Research team will take a number of steps to keep any personal information about you private to the fullest extent possible. First, the reports created will not identify you by name or picture anywhere. Questionnaire reports will include general characteristics of each participant, but will not include any information about your village and other information that would allow anyone to identify you. Finally, questionnaire reports will be destroyed six months after the end of the research.

Individuals involved with the research directly or in a management capacity may review the questionnaire reports. The entire research team is required to keep your identity private. Any information that identifies you will not be given out to people who are not working on the study, unless you give permission.

CONTACT INFORMATION:

The information on this disclosure statement explains the rights to which you are entitled by joining this study. If at any time you have questions about the research study, you may ask the interviewer from ORBIT or you may call the ORBIT research coordinators at ORBIT (Organisation for Bidar Integral Transformation), N. H. 9, Humnabad, Bidar 585330, Tel. n. 0848.3271.032

CONSENT:

_____ has been informed of the nature and purpose of the procedures described above including any risks involved in its performance. He/She been given time to ask any questions and these questions have been answered to the best of the investigator's ability. A signed copy of this consent form will be made available to the subject.

Investigator's Signature

Date

I have been informed about this research study, its' possible benefits, risks, and discomforts. I hereby agree to take part in this research study as a subject. I recognize that I am free to withdraw this consent and quit this project at any time, and that doing so will not cause me any penalty or loss of benefits that I would be otherwise entitled to enjoy.

Subject's Signature/ left Thumb impression

Date

ANNEX 3 - QUESTIONNAIRE

Questionnaire For Persons with Disabilities

Instructions:

No names should be mentioned on the questionnaire. This questionnaire is only for persons with disabilities who are members of a taluk DPO in Bidar district.

Men should be interviewed only by male interviewers and women should be interviewed only by female interviewers.

Before asking the questions to the person with disability, confirm that the person has signed (or put his/her thumb impression on) the consent form. If the person has not signed the consent form, clarify if the person wishes to participate in the research or not before proceeding further. If needed ask a Coordinating Group member to help in explaining. Do not conduct the interview if the person decides to not to sign the consent form.

Ensure that each person answering the questions is seated comfortably and privacy is assured. Before starting, explain that they can decide not to answer any question in whole or in part if they wish.

For each question, write the number of the correct option written in the brackets in the box placed in the right hand column or under the question. Do not put any tick marks or crosses on the options.

For all questions: if you do not ask the question because the question is not relevant, then do not write any answer. For **all** questions, use the following additional options:

- Do not write anything if you do not ask a question to the disabled person
- 88 If you ask the question but the person says that he/she does not know
- 99 If you ask the question but the person does not give any answer.

If while asking any question, you feel that the person is becoming uncomfortable or stressed, remind the person that he/she can decide to not to answer any question. Inform the person that if needed, help and support can be arranged. If the person becomes distressed, stop the interview and immediately inform one of the coordinating Group members.

1. GENERAL INFORMATION	
1.1 Taluk: _____	
1.2 Interview date dd/mm/yy	_ _ / _ _ / _ _
1.3 Interview code of the person	_ _ _ _
1.4 Total duration of interview (in minutes)	_ _ _

2. PERSONAL INFORMATION	
2.1 Age in years	_ _ years
2.2 Gender Male (1) Female (2) Others (3)	_
2.3 Religion Hindu (1) Muslim (2) Christian (3) Sikh (4) Jain (5) Buddhist (6) Others (7) Don't know (88) No answer (99)	_
2.3.1 Caste/tribal SC (1) ST (2) Other (3) Don't know (88) No answer (99)	_
2.4 Disability of the person according to the CBR records: Vision disability (1) Hearing & speech disability (2) Physical disability (3) leprosy (4) Convulsions (5) Mental illness (6) Intellectual disability (7) Multiple/others (8) Not registered in CBR program (9)	
2.5 Marital Status Not married (1) Married (2) Separated (3) Divorced (4) Widow/Widower (5) Second marriage (6) Other (7) Don't know (88) No answer (99)	_
2.6 Which is your level of education? No education (0) Class one to five (1) Class six to eight (2) Class nine to twelve (3) Technical college (4) University education (5) Don't know (88) No answer (99)	_
2.7 In which year the person joined CBR according to the CBR programme records?	_ _ _ _

2.8 Year of joining DPO from CBR records?	_ _ _ _ _ _ _
2.9 Your role in DPO President (1) Vice-President (2) Secretary (3) Treasurer (4) Office bearer (5) Member (6) Other (7) Don't know (88) No answer (99)	_ _
2.10 Are you a member of any Self-help group in your village or town? Yes (1) No (2) Don't know (88) No answer (99)	_ _
2.11 Do you have a disability certificate? Yes (1) No (2) Don't know (88) No answer (99)	_ _
2.12 Do you get a disability pension/allowance? Yes (1) No (2) Don't know (88) No answer (99)	_ _
2.13 Do you have any other source of income (job, work from home, shop, farm land, etc.)? Yes (1) No (2) Don't know (88) No answer (99)	_ _

3. ACTIVITY LIMITATION AND BODY FUNCTIONING DIFFICULTIES (each question is to be asked to each person with disability, regardless of his or her disability)

QUESTIONS	Response Read all options and ask the respondent to choose one option.	
3.1 Do you have any difficulty in seeing, even if wearing glasses?	I have no difficulty seeing (1) I can see a little (2) I cannot see in evening or night (3) I cannot see at all (4)	_ _
3.2 Do you have any difficulty in hearing, even if wearing a hearing aid?	I have no difficulty hearing (1) I have some difficulty in hearing (2) I have a lot of difficulty in hearing (3) I cannot hear at all (4)	_ _

<p>3.3 Using your usual (customary) language, do you have any difficulty in communicating? (for example, understanding or being understood by others)</p>	<p>I have no difficulty in communicating (1)</p> <p>I have some difficulty in communicating (2)</p> <p>I have a lot of difficulty in communicating (3)</p> <p>I cannot communicate at all (4)</p>	<p> __ </p>
<p>3.4 Do you have any difficulty in walking or climbing steps?</p>	<p>I have no difficulty (1)</p> <p>I have some difficulty (2)</p> <p>I have a lot of difficulty (3)</p> <p>I cannot walk or climb steps (4)</p>	<p> __ </p>
<p>3.5 Do you have any difficulty remembering or concentrating?</p>	<p>I have no difficulty (1)</p> <p>I have some difficulty (2)</p> <p>I have a lot of difficulty (3)</p> <p>I cannot remember/concentrate at all (4)</p>	<p> __ </p>
<p>3.6 Do you have difficulty with self-care such as washing properly or dressing?</p>	<p>I have no difficulty (1)</p> <p>I have some difficulty (2)</p> <p>I have a lot of difficulty (3)</p> <p>I cannot do any self-care (4)</p>	<p> __ </p>

4. EXPERIENCES OF EMOTIONAL VIOLENCE DURING PAST 12 MONTHS

4.1 In the past 12 months did someone insult you or call you with bad words linked to your disability or made you feel bad?

Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)

4.1.1 If yes, who was the person responsible for it? (you can give more than 1 answer)

Husband/wife (1) Other family member (2) A relative (3) A friend (4)
 Persons in school or college or workplace (5) Persons in community (6)
 Other persons (7) Don't know (88) No answer (99)

4.1.2 If yes, how often did it happen?

Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)	
<p>4.2 In the past 12 months did someone belittle or humiliate you in front of others?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>4.2.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>4.2.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>4.3 In the past 12 months did someone do something to scare you or intimidate you on purpose?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>4.3.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>4.3.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>4.4 In the past 12 months did someone threaten to hurt you or someone you care about?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>4.4.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>4.4.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
5. EXPERIENCES OF PHYSICAL VIOLENCE DURING PAST 12 MONTHS	

<p>5.1 In the past 12 months did someone slap you or throw something at you that could hurt you?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>5.1.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>5.1.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>5.2 In the past 12 months did someone push you or shove you or pull your hair?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>5.2.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>5.2.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>5.3 In the past 12 months did someone hit you with fist or hand or with something that could hurt you?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>5.3.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>5.3.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>5.4 In the past 12 months did someone kick you or drag you or beat you?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p>	<p> __ </p>

<p>5.4.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>5.4.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>5.5 In the past 12 months did someone choke you or burn you on purpose?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>5.5.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>5.5.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>5.6 In the past 12 months did someone threaten to use or actually used a knife, stick, rope, chilly powder or some other weapon against you?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>5.6.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>5.6.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>6. EXPERIENCES OF SEXUAL VIOLENCE DURING PAST 12 MONTHS</p>	
<p>6.1 In the past 12 months did someone physically force you to have sexual intercourse when you did not want to?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>6.1.1 If yes, who was the person responsible for it? (can give more</p>	<input type="text"/> <input type="text"/>

<p>than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>6.1.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p>
<p>6.2 In the past 12 months did you have sexual intercourse with someone because you were afraid of what that person will do?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>6.2.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>6.2.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>6.3 In the past 12 months did someone force you to do something sexual that you found degrading or humiliating?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>6.3.1 If yes, who was the person responsible for it? (can give more than 1 answer)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p> <p>6.3.2 If yes, how often did it happen?</p> <p>Regularly or all the time (1) Frequently (2) Sometimes (3) Once/twice (4) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>7. PAST EXPERIENCES (more than 1 year ago)</p>	
<p>7.1 In the past, did you have any experiences of emotional violence like calling bad names, humiliating you?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>7.1.1 If yes, did you have any experiences of emotional violence when you were less than 18 years old?</p>	<p> __ </p> <p> __ </p> <p> __ </p>

<p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>7.1.2 If yes, who was responsible for it? (can give more than 1 answer)</p> <p>A family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p>
<p>7.2 In the past, did you have any experiences of physical violence?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>7.2.1 If yes, did you have any experiences of physical violence when you were less than 18 years old?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>7.2.2 If yes, who was responsible for it? (can give more than 1 answer)</p> <p>A family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>7.3 In the past, did you have any experiences of sexual violence?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>7.3.1 If yes, did you have any experiences of sexual violence when you were less than 18 years old?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>7.3.2 If yes, who was responsible for it? (can give more than 1 answer)</p> <p>A family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) Other persons (7) Don't know (88) No answer (99)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<p>7.4 Have you ever looked for or asked for help to get relief from some kind of violence?</p> <p>Yes (1) No (2) Sometimes (3) Don't know (88) No answer (99)</p> <p>7.4.1 If yes, to whom? (can give multiple answers)</p> <p>Husband/wife (1) Other family member (2) A relative (3) A friend (4) Persons in school or college or workplace (5) Persons in community (6) CBR staff (7) DPO persons (8) Other persons (9) Don't know (88) No answer (99)</p> <p>7.4.2 If no, why not? (can give multiple answers)</p> <p>Fear (1) Do not know where (2) Physical weakness (3) Losing family prestige (4) No one cares (5) Ashamed (6) Fear of more humiliation (7) Family pressure (8) Economic problems (9) No self-confidence (10)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>

Mental illness (11) Other reasons (12) Don't know (88) No answer (99)	
7.5 Do you want to say any other thing about violence and abuse?	
8. COMMENTS OF THE INTERVIEWER	
8.1 Does the person need any urgent help for issues related to violence and abuse? Yes (1) No (2) If yes, please inform any member of the Coordinating Group.	

Thank you for your collaboration

ANNEX 4 – TRAINING PROGRAMME

Training of Researchers and Data Collectors

Training Coordination Team: Fr. Bapu, Jayanth Kumar & Sunil Deepak

Timing: Daily 9 AM to 6 PM with 2 tea/coffee breaks for 20 Minutes and with 1 Hr Lunch break.

Duration: 4 days.

Place: ORBIT Humnabad training center for the first 3 days + 1 day field visit in a pilot taluk

Language: Kannada

Training Facilitators: Fr. Bapu, Ramesh, Kalawati, Suresh and Jayanth

Report of Training: Sunil Deepak

Participants: Research coordination group members and data enumerators.

Objectives: The main objective of the training programme is to equip the research team and data collectors with appropriate knowledge, attitude and skills of organising, conducting and supporting the research activities on violence and abuse towards persons with disabilities who are members of DPOs in Bidar district.

Draft Training Programme

Date	Training Activity	Learning methodologies	Comments
11 Nov	Arrival of the research team	<ul style="list-style-type: none">Initial meeting (2 hrs): Preparation of research (only for Training Coordination team)Planning of training (2 hrs): training coordination team and training facilitators	
12 Nov	Initial Session (2 hrs)	Plenary discussions	Only with research coordination group
	Training inauguration and Introductions (1 hr)	Plenary discussions	All the training participants
	Understanding the researchers' opinions about violence and	Nominal group discussions	Groups of 4-5 persons divided

	abuse (2 hrs)		according to gender
	Understanding what is research and its usefulness (1.5 hrs)	Plenary discussions	All the training participants
	Understanding the difficulties of talking about violence and abuse (2 hrs)	Nominal group discussions	Groups of 4-5 persons divided according to gender
	Conclusions of day 1	Feedback on day 1 of the training	
13 Nov	Organisation of the research - different research sessions and questionnaires (Till lunch time)	Plenary session	All participants
	Helping persons giving interviews feel safe and secure (1 hr)	Plenary session	All participants
	Bias and how to minimize it	Plenary session	All participants
	Conclusions of day 2	Feedback on day 2 of the training	
14 Nov	Role playing for pre-questionnaire sessions (2 hr)	Plenary session	All participants
	Role playing for questionnaire interviews	Plenary session	All participants
	Finalization of research methodology	Plenary session	All participants
	Conclusions of day 3	Feedback on day 3 of the training	
15 Nov	Pilot testing of pre-questionnaire, questionnaire interviews and post-questionnaire sessions in the field (in a taluk DPO)	To interview 10 volunteers from one taluk level DPO - 5 men and 5 women	All participants



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