



# DISABILITY AND CHANGES IN DISABILITY AS RISK FACTORS FOR IPV & IPV AS A POTENTIAL RISK FACTOR FOR INCREASED DISABILITY

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# BACKGROUND

- Women with disabilities ~2x more lifetime and past-year of IPV in cross-sectional research
- Very little longitudinal data available
  - Does disability increases risk/severity of IPV?
  - Does IPV increase the risk/severity of disability?
  - Both are probably true, but to what extent?

# DATA FROM 3 IPV PREVENTION TRIALS

## IN WHAT WORKS 1

**Rwanda:** 1,598 women aged 18-45 with male partners  
hh participating in local VSLAs, mostly rural

**South Africa:** 545 women aged 18-30 living in informal settlements  
not in school or full-time employment

**Afghanistan:** 753 women aged 18-45 from vulnerable hh

Participants followed for 22 to 24 months

# MEASURES & DATA ANALYSIS

- Disability assessed using the Washington Group Short Set (WG-SS)
- Looks at 6 domains of functioning:
  - Vision    Mobility    Hearing    Cognition (remembering)
  - Self-care    Communication
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- No difficulty, Some difficulty, A lot of difficulty, Cannot do at all
- Coded here as no disability, mild, or moderate-severe disability.

# MEASURES & DATA ANALYSIS

- Standard WHO /What Works for IPV
- Analyses mimicked those from parent trials
  - controlled for multilevel sampling designs & study arm assignments
  - accounted for differential loss to follow-up
  - models include baseline values of the outcome variables

# EXAMPLE DISABILITY OVER TIME

	Baseline	Endline	Change
<b>Afghanistan</b>			
Mild	37.0%	27.5%	No change 81.4%
Moderate/Severe	17.7%	4.1%	Increased 2.5%
			Decreased 16.1%

# DOES DISABILITY INCREASE RISK OF IPV?

- Rwanda & South Africa
  - Increasingly severe disability at baseline led to increased
    - Physical IPV
    - Sexual IPV
    - Economic & emotional IPV
  - Disability that increased in severity between baseline and endline was also associated with increased IPV
- Afghanistan
  - Only disability at baseline was associated only with IPV at endline.

# DOES IPV IMPACT DISABILITY?

- No study showed a clear association between experiences of IPV and new and WG-SS score at endline.
- Further investigation with other measures of health is warranted.

# CONCLUSIONS

- Adult women with disabilities in diverse settings were at increased risk of experiencing IPV over 2 years follow-up.
- IPV prevention and response programmes must find ways to include and address the needs of women with disabilities: outreach, accessibility, & safety monitoring.
- The WG-SS is inadequate for correctly identifying and tracking persons with disabilities enrolled in IPV prevention programmes
- The timeframes and mechanisms through which IPV leads to increased disability require further investigation.

# CONCLUSIONS

- The WG-SS is inadequate for correctly identifying and tracking persons with disabilities enrolled in IPV prevention programmes
  - Not designed for programmatic use
  - Does not capture chronic pain or illness
  - Does not capture debilitating mental health problems
  - GBV programme monitoring for inclusion needs more sensitive measures
- Once disability measured with more nuance: timeframes and mechanisms through which IPV leads to increased disability require further investigation.

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