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
- 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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>37.0%</td>
<td>27.5%</td>
<td>No change 81.4%</td>
</tr>
<tr>
<td>Moderate/Severe</td>
<td>17.7%</td>
<td>4.1%</td>
<td>Increased 2.5%</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Decreased 16.1%</td>
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</tbody>
</table>
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.
ACKNOWLEDGEMENTS

- **Rwanda**: CARE Rwanda, Rwanda Women’s Network, Rwanda Men’s Resource Center, DFID Rwanda, Ministry of Gender & Family Promotion, Laterite Ltd

- **South Africa**: Project Empower

- **Afghanistan**: Women for Women International, Eureka Research, Julienne Corboz

- **What Works 1**: UK DFID