

**VULNERABILITIES CONTRIBUTING TO GENDER-BASED VIOLENCE (GBV)
AGAINST WOMEN WITH DISABILITIES IN THE KHOMAS REGION,
WINDHOEK, NAMIBIA**

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Abstract

Gender-based violence in Namibia has escalated to an alarming rate. Persons with disabilities particularly women, are also not spared the rod. The intersection of gender and disabilities renders them double discrimination compared to men with disabilities and women without disabilities. Yet, the plight of women with disabilities with regard to gender-based violence rarely features in both preventive and remedial intervention programs.

This research sought to explore and understand the nature of vulnerabilities that women with disabilities particularly with hearing, visual and physical impairments in the Khomas region face with regard to gender-based violence. The scope entailed to explore the forms of gender-based violence that women with disabilities endure in society and in their relationships with others. In addition, the scope of the study aimed to explore the accessibility of marginalized women to gender-based violence related support services. The relationship of this vulnerable group and gender-based violence is understudied in Namibia hence there is an existent knowledge gap.

A qualitative research design underpinned by a narrative approach was adopted. The sample of the study consisted of fourteen respondents, twelve women with disabilities drawn from respective Organizations of Persons with Disabilities and two social workers from the Gender-based Violence Investigative Unit. Data were collected through semi-structured and open ended interviews.

The study found that women with disabilities are overwhelmingly abused. However, only limited incidents of such abuses are reported to the Gender-based Violence Investigative Unit. Women with disabilities are physically, socially and economically vulnerable and perpetrators of gender-based violence capitalize on women with disabilities' vulnerabilities to commit violence and to escape prosecution. Women with disabilities are subjected to forms of violence generic to women and additional violence particular to women with disabilities. It was also discovered that structural and process barriers hinder victims with disabilities accessibility to support services and adequate service utilization. Hence, women with disabilities have no confidence in gender-based violence support services, resulting in enduring prolonged violence.

Based on the findings of the study, it is recommended that Namibian government and other stakeholders in conjunction with disability movements should introduce programs to sensitize women with disabilities about their human rights. There is also a need to incorporate or strengthen a disability component in police officers and social workers training programs to improve service providers' understanding of disabilities.

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DEDICATION

I dedicate my academic achievements first and foremost to my late beloved mother Meme Wilhelmina Naneyoo Samuel. Mom! This is for you. Although you are not physically around to celebrate this achievement with me, I know that you always graced my every achievement with your affectionate smiles and wonderful congratulatory words. I have no doubt that from heaven you are pleased to see your son triumphing in his aspirations.

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DECLARATION

I, Johannes Tala Matsi, hereby declare that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

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Date:.....

LIST OF ABBREVIATIONS AND ACRONYMS

CJS	Criminal Justice System
CRAVI	Central Regional Association of the Visually Impaired
GBV	Gender-based violence
CRPD	Convention on the Rights of Persons with Disabilities
MGECW	Ministry of Gender Equality and Child Welfare
NAPPD	Namibian Association of People with Physical Disabilities
NDCN	National Disabilities Council of Namibia
NFPDN	National Federation for People with Disabilities in Namibia
NFVI	Namibian Federation of the Visually Impaired
NGO	Non-governmental Organization
NNAD	Namibia National Association for the Deaf
NSA	Namibia Statistics Agency
OPDs	Organizations of Persons with Disabilities
SCVI	Service Centre of the Visually Impaired
UN	United Nations
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION

1.1. Background of the study

The World Health Organisation (WHO, 2015) reported that women are the largest group in the global disability population, and they have been historically subjected to discrimination both on grounds of their disability and gender. In Namibia, the Ministry of Gender Equality and Child Welfare (MGECW, n.d) National Plan of Action on Gender-Based Violence 2012-2016 recognizes that women with disabilities constitute vulnerable groups to gender-based violence (GBV). This study was therefore undertaken to explore vulnerabilities contributing to gender-based violence (GBV) perpetrated against women with disabilities particularly, women with visual, hearing and physical impairments in the urban and rural areas of the Khomas region in Namibia. The study sought to confirm or refute, by means of empirical evidence, claims that women with disabilities are more vulnerable to violence than the general public. It further sought to explore the forms through which these violence manifest themselves, and understand the lived experiences of victims of GBV.

Oliver (2008) attributed social challenges that women with disabilities face to political, economic, social, cultural, and civil or any other field seclusion and unheeded. For this reason, violence

against women with disabilities is a multifaceted issue and cannot be understood in alienation from structural and cultural influences of the study area that is, Khomas region. Therefore enquiries entail particular factors perceived to have a role to play in the violence against women with disabilities. Another equally important theme tackled by this research was to probe women with disabilities' accessibility to the criminal justice system (CJS), the gender-based violence support services and the effectiveness of response measures employed by service providers.

“Gender-based violence refers to violence that targets individuals or groups on the basis of their gender. It is an expression of the power inequality between genders and how women are perceived in their society. Gender-based violence fuels gender inequality by keeping women subordinate and under the control of men” (Theodora, 2014, p.9). Gender is about power relations between men and women in relation to constructed male or female social identities and roles. Violence which is based on gender can potentially affect men as well as women. I am of the opinion that while women in Namibia are vulnerable to gender-based violence, the category of women with disabilities are the most vulnerable. Nyambura (2013) content that although women with disabilities experience many of the same forms of violence all women experience, when gender and disability intersect, violence takes on unique forms, has unique causes, and results in unique consequences. The intersection between disability and gender-based violence is of particular concern because some forms of violence against women with disabilities have remained invisible and have not been recognised as gender-based violence due to disability discrimination.

Ortoleva and Lewis (2012) distinguish between direct violence and indirect violence. Direct violence includes physical, psychological and economic violence perpetrated by individuals and often condoned or even justified by society. While indirect violence represents a type of structural violence, characterized by the norms, attitudes and stereotypes around gender that operate within a larger societal context. Indirect violence creates and perpetuates attitudes and stereotypes that normalize violence against women with disabilities.

According to the United Nations (UN) (2006, p.4), “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” People with impairments of any sort are often referred to with numerous expressions of which mostly connote negative perceptions. For instance references such as “sitwiku” (blind), “ombolo” (deaf) and “oshilema” (physically disabled) in some of local vernaculars, to refer to persons with visual, hearing and physical impairments respectively do not only denote contempt for disability but also semantically depict persons with disabilities as objects. However, the terminology to be used throughout this study and that adopted by the Convention on the Rights of Persons with Disabilities (CRPD) and preferred by the disability community in Namibia is people/persons or women with disabilities. The essence of this terminology is that it underlines the person before the condition.

According to the Namibia Statistics Agency (NSA, 2011), the Namibia National Population and Housing Census found that there are about 10713 persons with disabilities in the Khomas region which constitutes about 10% of the entire population of persons with disabilities in the country. About 5230 (49%) of these are females whilst 5483 (51%) are males. Based on these figures, it is clear that women with disabilities constitute a significant portion of the regional population. While there is high awareness of gender-based violence against women and children in general, violence against women with disabilities as a particular group is rarely discussed. This study aims to uncover the vulnerabilities of women with disabilities to gender-based violence and make recommendations that could help alleviate the problems they face.

Article 10 sub-articles (1) and (2) of the Constitution of the Republic of Namibia prohibits discrimination on the ground of sex, race, colour, ethnic origin, religion, creed or social or economic status (Constitution of Namibia, 1990, p.8). The supreme law is silent on the prohibition of discrimination on the ground of disability. Equally, existing programs meant to prevent gender-based violence do not take into account the unique circumstantial challenges faced by women with disabilities which could heighten their vulnerabilities to GBV. Without specific attention and solutions, these women have been left behind and at risk. The intersection of gender and disability must be explored in greater depth to ensure that the complexities of violence against women with disabilities are properly understood and addressed.

1.2. Statement of the problem

The study aimed to understand the nature of vulnerabilities that women with disabilities in the Khomas region face with regard to GBV. Matthews & von Hase (2013) document that about 50% of 123 rape docket examined in Namibia involved women with disabilities and the perpetrators were reported to be known to the rape victims. This often involves stepfathers or non-family members such as landlords or neighbours. This demonstrates that close associates rather than strangers make use of their power and position of trust to perpetrate violence against women with disabilities. Gender-based violence renders women with disabilities the invisibility in education, employment, and tends to deny them equal development opportunities. Kauluma (2010) states that statistics collected by the Namibian police do not specify whether a victim of gender-based violence has a disability or not. The lack of disaggregated statistics makes it hard for disability-oriented analysis and deprives the public of the much needed status quo of violence against women with disabilities fundamental for targeted interventions. Moreover, it is of critical importance to note that flaw critiqued by the Ministry of Land, Resettlement and Rehabilitation (1997) is that persons with disabilities opinions are rarely sought and incorporated in national programs intended to enquire and find solutions to social evils such as gender-based violence. This clearly does not mean that women with disabilities do not experience gender-based violence; however; the violence they experience could be hidden in the private spaces in which they find themselves and is often under-reported. If their lived experiences regarding GBV are not heard and solutions are not found, women with disabilities will be further marginalized and their contributions to nation building will

be limited. Therefore, this study strives to understand the forms and magnitude of violence women with disabilities endure and the role that society plays in their vulnerabilities.

1.3. Research questions

The research was guided by the following research questions:

1. What are the lived experiences of women with disabilities with regard to GBV?
2. What are specific vulnerabilities facing women with disabilities in the Khomas region with regard to GBV?
3. How easy or difficult for women with disabilities to access the criminal justice system and key services for survivors or victims of gender-based violence?
4. What can be done to reduce vulnerabilities of women with disabilities to GBV?

1.4. Significance of the study

This study is founded on the optimism that its findings will provide information on the lived experiences of women with disabilities with regard to GBV and could sensitize policy decisions

of the government, Non-governmental organizations (NGOs), Private Interest Groups, as well as other stakeholders involved with or advocating for the rights, freedoms and human dignity of women with disabilities to develop programmes with a specific emphasis on women with disabilities. The data presented in this report could also serve as a tool to raise awareness of vulnerabilities faced by women with disabilities to various communities and their various organs. Lastly, the study provided recommendations on how to mitigate GBV perpetrated against women with disabilities at family, community and societal level.

1.5. Limitations of the study

There were several limitations encountered during the study, among them being the dearth of Braille materials on the research topic. The researcher relied heavily on the research assistant to read and convert non-Braille printed information into a format compatible with his visual impairment. Another equally major limitation was the shortage of local literature on the topic. The researcher had to consult largely with international literature. The other notable limitation was the limited time that was projected to collect data and present a research report. The time constraints affected the depth of the study and led to the project continuing beyond the period set by the researcher to complete it.

1.6. Conclusion

The chapter introduced the scope of the study that aimed at investigating vulnerabilities faced by women with disabilities with regard to GBV in the Khomas region, Namibia. This entailed exploring the different forms of GBV that victims endure, the influence of social factors in the phenomenon and the general livelihood experiences of women with disabilities in relation to GBV.

The orientation of the study highlighted several arguments that support the motive to undertake this study on the specific topic. The chapter further introduced the statement of the problem, research questions, and significance of the study as well as the limitations encountered during the study. The next chapter will focus on the review of other scholarly literature on the topic of GBV and women with disabilities.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

In this chapter, the researcher discussed the work of other local and international authors on the discourse of women with disabilities and violence. The purpose of this review was to establish what has been accomplished, affirm or refute their standpoints and eventually identify gaps that are yet to be bridged. Firstly, the researcher discussed different theories meaningful to disability in relation to gender-based violence against women with disabilities. Furthermore, this section touched briefly on disabilities in Namibia, particularly to statistics, general mainstream and Government legislative responses to disabilities. Finally, the chapter discussed the intersectionality of gender and disability, in relation to GBV.

2.2. Theories of disability

Wasserman, Asch, Blustein and Putnam (2016) define disability studies as an academic discipline that examines the meaning, nature, and consequences of disability as a social construct. Disabilities are understood in a variety of ways. The conceptual framework applied by law and policy-makers, as well as programme designers, influences the way they frame and address the needs of people

with disabilities. Similarly, the ways in which ordinary people think about or make sense of disability determines how they respond to people with disabilities.

The multiplicity of viewpoints on disability, gave rise to numerous distinct theories. According to Samkange (2015), a theory is a thought process that guides us, and it can be used to explain practice and action taken. The next sections discuss the theories of disability.

2.2.1. The Feminist Disability theory

Thomson (2008) defines feminist theory as a collaborative, interdisciplinary inquiry and a self-conscious cultural critique that interrogates how the representational systems of gender, race, ethnicity, ability, sexuality and class mutually construct, inflect and contradict one another.

The feminist disability critical theory, views disability as a representational system rather than individual or medical issues. Thomson (2008) further posits that the theory addresses such broad feminist concerns as the unity of the category woman, the status of the lived body, the politics of appearance, the medicalization of the body, the privilege of normalcy, multiculturalism, sexuality, the social construction of identity, and the commitment to integration.

Fundamentally, the Feminist Disability theory takes cognisance of women with disabilities double prejudice restrained to femininity and disability. Emmett and Alant (2007) assert that women with disabilities are negatively affected by society's obsession with body image and psycho-social norms and values. Hence, they are bound to confront not only sexism and prejudice on the ground of gender and disability, but a particularly virulent combination of the two that stigmatizes women who do not fulfil a narrow ideal of feminine beauty or are thought incapable of performing the stereotypically female roles. I therefore content that disability should be viewed as part of human diversity. Women with disability femininity should not be reputed on the basis of their impairments but be limited to gender just like women without disabilities.

2.2.2. Critical Disability theory

Pothier and Devlin (2007) posit that the Critical disability theory emphasizes the inevitability of human difference and challenges the assumptions of sameness. The Critical Disability theory construe disability as a relation between an individual and the social environment: the exclusion of people with certain physical, sensory and mental characteristics from major domains of social life. The Critical Disability theory notion is that discrimination against persons with disabilities is manifested not only in deliberate segregation, but in a built environment and organized social activities that preclude or restrict the participation of people seen or labelled as having disabilities.

According to Oliver (2008), the Critical Disability theory attributes persons with disabilities victimisation to a system of deep structural economic, social, political, legal, and cultural barriers in which persons with disabilities experience unequal citizenship. The theory thus seeks for collective modification of the environment by different social agents to address social impediments faced by people with disabilities and attain social inclusion.

However, Pothier and Devlin (2007) also advance that Critical Disability theory does not want to portray persons with disabilities as passive victims. While there are undoubtedly pervasive structures of inequality, there are also many and diverse agentic practices developed by persons with disabilities to resist the exclusion and oppression. The Critical Disability theory ideology has raised political awareness and helped with the collective empowerment of people with disabilities. The formation and activism of disabilities movements or even particular to women with disabilities, subscribe to the premise of human difference and call for social equality and advocate for persons with disabilities access to meaningful resources such as gender-based violence support systems. It is thus logic to presume that the inevitability of disability embedded difference represent a vulnerable position for women with disabilities to violence compared to their women without disabilities counterparts. Then, preventative and recourse measures required for women with disabilities would not be similar to that of women without disabilities counterparts. From the Critical Disability theory perspective I would therefore call for policies and programs intended to

combat gender-based violence to bear a disability conscience particularly inherent vulnerabilities for equitable protection.

2.2.3. Social constructionism

According to Oliver (2008), the Social constructionism is centrally concerned with meaning. This theoretical approach concerns the meaning, notion, or connotation placed on an object or event by a society, and adopted by the inhabitants of that society with respect to how they view or deal with the object or event. It shows the crucial importance of learning from people with disabilities particularly, their experiences to understand the meaning of disability. In that respect, a social construct as an idea would be widely accepted as natural by the society, but may or may not represent a reality shared by those outside the society, and would be an invention or artifice of that society.

Oliver (2008) further argues that a major focus of social constructionism is to uncover the ways in which individuals and groups participate in the construction of their perceived social reality. It involves looking at the ways social phenomena are developed, institutionalized, known, and made into tradition by humans. Opoku, Huyser, Mprah, Alupo and Badu (2016) asserts that a lot of myths and stereotypes have been invented and told about women with disabilities and its causes that may play a catalyst role in capitulation of women with disabilities to violence. For instance in

most Namibian cultures, disability is conceived as a taboo thus widely ostracized. However, less efforts are spent on verifying such social constructs credibility, as well as assessing psychological effects they inflict on victims and other forms of violence that stem from such fallacious social constructs. It is thus imperative to seek women with disabilities experiences to form part of the social knowledge.

2.3. Prevalence and socio-economic conditions related to disability in Namibia

2.3.1. Prevalence

According to the Namibia 2011 Population and Housing Census, the number of persons with disabilities in Namibia was estimated at 98,413, constituting 4.7 % of the total population. The number has increased from 42,932 in 1991 to 85,567 in 2001 and 98,413 in 2011. The 2011 Population and Housing Census further established that there were more females (51,125) than males (48,288) with disabilities (National Statistics Agency, 2016:

Table 2.1 illustrates the composition of different types of disabilities as estimated over the past three census years

Type of Disability	1991		2001		2011	
	Total	Percent	Total	Percent	Total	Percent
Namibia	42 932	100.0	85 567	100.0	98 413	100.0
Blind	13 721	32.0	28 834	33.7	10 505	10.7
Visual Impairment	-	-	-	-	16 186	16.4
Deaf	4 503	10.0	16 357	19.1	5 684	5.8
Hearing Difficulties	-	-	-	-	7 709	7.8
Mute/Dumb	-	-	-	-	5 273	5.4
Impaired speech	2 649	6.0	8 452	9.9	5 180	5.3
Impairment of Hands	-	-	9 691	11.3	9 508	9.7
Impairment of Legs	-	-	15 591	18.2	18 090	18.4
Impaired limbs	15 056	35.0	-	-	-	-
Mentally Disabled	6 360	15.0	2 571	3.0	12 731	12.9
Albinism	-	-	-	-	1 153	1.2
Autism	-	-	-	-	1 146	1.2
Don't Know	643	2.0	4 071	4.8	5 248	5.2

Source: NSA, 2016.

Theodora (2014) distinguished between six categories of disabilities as follows:

- Physical disabilities – which take the form of limitations in mobility and may result from neurological conditions (such as Cerebral Palsy, Spina Bifida, Multiple Sclerosis), orthopaedic conditions (associated with polio, arthritis, Muscular Dystrophy) or spinal cord injuries.
- Developmental (or intellectual) disabilities – usually associated with delayed or limited development in learning that affect a person's ability to understand, remember or differentiate.
- Mental health or psychiatric disabilities – a range of conditions or disorders fall under this general category, including Major Depressive Disorder, Schizophrenia and Bipolar Disorder.
- Learning disabilities – these disabilities usually relate to a neurological dysfunction which affects the brain's ability to process information, and may include dyslexia.
- Hearing disabilities – can range from partial hearing loss to deafness.
- Visual disabilities – can range in degree from poor vision to blindness.

NSA (2016) further documents that, physical impairment- lower limbs - was the most common type of disability affecting 22.6% of people with disabilities, The highest proportion of females with disabilities were visually impaired, while for males physical impairment of lower limbs was the common disability. Omusati and Ohangwena had the highest number of people with disabilities

with 15,230 and 13,279 respectively. The Omaheke and !Karas regions recorded the lowest number of people with disabilities, with 2,474 and 2,649 respectively.

NSA (2016) revealed that the proportion of people with disabilities was higher in rural areas (5.7%) than in urban areas (3.3%). The Khomas region has seen the highest (45%) influx of persons with disabilities, followed by Erongo region (33.1%). This is in line with the general rural-urban migration trend in search of better livelihood.

2.3.2. Organizations of Persons with Disabilities

There are seven organizations of persons with disabilities (OPDs) in Namibia , registered with the MoHSS whose headquarters are in Windhoek. They are: the Namibian Federation of the Visually Impaired (NFVI); the Namibia National Association for the Deaf (NNAD); the Namibian Association of People with Physical Disability (NAPPD); the National Association of Differently Able Women (NADAW); the Namibian Albino Association (NAA); the Namibian Organization of Youths with Disabilities (NOYD); and the Namibian Association for Children with Disabilities (NACD). All different organizations of persons with disabilities are affiliated to the National Federation of People with Disabilities in Namibia (NFPDN).

The NFPDN is the national umbrella body of all OPDs in the country. The Federation was founded in 1990 and has been funded by the European Commission and the Finnish Embassy. However, following the categorisation of Namibia as an upper middle income country, donors withdrew their financial assistance. The federation has since struggled to actively sustain its operations.

Lang (2008) posits that OPDs are founded with the sole aim to strive for human equality of their members. Although persons with different types of disabilities have certain limitations in common, some challenges persons with disabilities face are compounded to specific type of impairments. Therefore the primary objective of OPDs is to realise social inclusion, equalisation of economic opportunities and reasonable accommodation in all spheres of lives for their respective members.

Related to that, Lang (2008) states that the National Disability Council Act, 2004 (No. 26 of 2004) of Namibia explicitly mandates the Council to consult with OPDs regarding disability policy and programs formulation. By implication, OPDs have a social role to play, in the attainment for social harmony and elimination of plights like gender-based violence. Nonetheless, my observation is that women with disabilities plights are often overlooked as there is a discrepancy of a direct and organised censure. Civil organizations e.g. Women organizations barely take cognisant that women with disabilities constitute a vulnerable category of women, whilst organizations of persons with disabilities equally do not advocate for women specific social problems. So, women

with disabilities suffer sustained exclusion and inequality simultaneously as women and people with disabilities not only in society at large, but also in the two movements, which should enable them to address their situation.

2.3.3. Legislative and policy responses to disability in Namibia

Namibia has worked diligently to ensure that disabilities-oriented legislative instruments are in place. In 2004, the Namibian government passed the National Disability Council Act, 2004 (No. 26 of 2004). The act stipulates that the government shall ensure that disability aspects are included in all relevant policy-making and national planning activities. The leading principle is that all persons with disabilities and their needs shall be incorporated into the general development plans and not be treated separately.

The National Disability Council Act 2004 makes provision for advisory bodies to be established, mandated to provide strategic oversight on the implementation of the National Disability Policy. It also has the responsibility to comment on any future legislation that had any direct and indirect impact on disability issues. To this effect, the National Disabilities Council of Namibia (NDCN) was established in 2008.

Furthermore, in 2007 the government of the Republic of Namibia ratified the UN CRPD of 2006, including the Optional Protocol. The Convention is intended as a human rights instrument with an explicit, and social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights. The Convention also highlights areas where persons with disabilities rights have been violated, and where protection of rights must be reinforced. Article 6 of the Convention acknowledges that women with disabilities are subject to multiple discrimination, and in this regard States parties shall take measures to ensure that women with disabilities equally enjoy all human rights. Even though violence against women with disabilities is inevitable, responsive measures remain lacking. A disability purview needs to take prominence in the discourse of stakeholders responsible for gender-based violence prevention and resolution.

In March 2015 the President of the Republic of Namibia, his Excellency Dr. Hage Geingob established the Department of Disability Affairs in the Office of the President. The President appointed the Deputy Minister, Hon. Alexia Manobe-Ncube to oversee the operation of the office.

The primary mandate of the Department are inter alia, to strengthen and coordinate the implementation of policies and legal framework in relation to disability issues. Furthermore, to raise awareness and initiate programs that enable young children and youth with disabilities to

have access to education, health and employment opportunities with the aim of improving the lives of persons with disabilities through the mainstreaming of government programs. The Department also seeks to abolish pervasive discriminatory practices experienced by persons with disabilities particularly women.

2.4. Disability and violence against women– the intersection between gender and disability

2.4.1. The intersectionality of disability and gender

Emmett and Alant (2007) explain that intersectional discrimination occurs when somebody is discriminated against on several grounds at the same time and in such a way that these are inseparable. The concept suggests and seeks to examine how-various biological, social and cultural categories interact on multiple and often simultaneous levels, contributing to systematic injustice and social inequality. Emmett and Alant (2007) further posit that intersectionality holds that the classical conceptualizations of oppression within society , such as sexism and disability do not act independently of one another; instead, these forms of oppression interrelate, defining unique social groups and creating a system of oppression that reflects the intersection of multiple forms of discrimination. Their overall effects need to be examined by looking into how disability, and gender structurally interrelate and affect access to resources (both material and relational) or lead to risks for the groups in question.

Ortoleva and Lewis (2012) argue that Women with disabilities around the world experience much higher levels of physical, sexual, and psychological violence, for longer periods of time and with worse physical and mental outcome as a consequence of violence than women without disabilities. These findings suggest that women with a disability are often considered weak, worthless and in some cases subhuman by their societies as support systems including families, allow these delinquent deeds to last longer before a recourse is effected.

In support, Andrae (n.d.) advances that women with disabilities are particularly discriminated against. Frequently considered as a burden by their families they are either rejected or hidden away, making them invisible in their communities. Correspondingly, Emmett and Alant (2007) and Theodora (2014) content that violence among women with disabilities takes many shapes and forms, which can be individual or systemic. The dynamics of abuse of women with disabilities presents considerable complexities. The intersection of gender, disability, dependency on carers leads to discrimination and confinement of women with disabilities in the private sphere and seriously impedes their active presence and participation in public life.

According to the WHO (2015), gender equality is a crucial part of violence prevention and evidence indicates that inequalities increase the risks of violence on women by men. Inequalities also inhibit the ability of those affected to seek protection. So, apart from intersectional

discrimination, women with disabilities are also subjected into a precarious position to violence as options for remedial interventions are depended on their immediate acquaintances. As respective impairments limit their independent access to support services, effective communication with service providers and so forth.

2.4.2. Vulnerabilities to gender-based violence

The Ministry of Land, Resettlement and Rehabilitation (1997) acknowledges that women with disabilities are particularly vulnerable to violence within the family, community and in institutions. Nevertheless, a handful of local literature on violence against women with disabilities, Williams (2015) and Kauluma (2010) assert that the extent and prevalence rate of gender-based violence in Namibia remain indefinite due to under-reporting of violent cases by victims. This is in consistent with international literature reviewed, Mazars, Mofolo, Jewkes and Shamu (2013) and Opoku et al. (2016) and both local and international literature attributed the under-reporting to social norms pertaining to sexual exploitation of women with disabilities; women with disabilities abuse is often hidden, because of women with disabilities powerlessness and because they are often reluctant to speak out in the face of the shame and stigma associated with such abuse.

Although the under-reporting of violent incidents is the same for the general population of women, it is believed to be worse for women with disabilities who do not always have the liberty of

reporting their ordeals due to impairment-related and stigma limitations. In addition, women with disabilities who are taken care of or depend on assistance of others at home by family members report lower rates of abuse, which is difficult to explain but possibly results from the following factors: shame, guilt of needing care, difficulty reporting due to few opportunities to speak out, and reluctance to report the perpetrator who is likely to be a family member. Helander (2007) posits further that women with disabilities often have crushingly low self-esteem; many fear that reporting incidents of abuse might lead to them being abandoned, having their children taken away, losing financial support and care, and increased isolation. Other vulnerabilities include: difficulty in reporting offences due to communication and credibility problems and perpetrators' perceptions that there is limited likelihood of their transgressions being exposed. Economic dependency on perpetrators of violence for instance, would complicate attempts to free women with disabilities from abusive relationships further as it means one has to find another source of economic support.

According to Maiba (2009), in a study titled "Living with disabilities in Windhoek (Khomas region): an investigation into incidents and forms of discrimination against people living with disabilities", respondents in the study representing both individuals with and without disabilities, males and females, were asked to indicate whether they believe that discrimination and abuse do exist in the city of Windhoek. In response to this general question, 84% of those who believe in the existence of discrimination and abuse were female respondents compared with 16% of their

male counterparts. These findings indicate that the general public is acquainted with women with disabilities increased vulnerability to violence compared to the general public.

Gender-based violence against women with disabilities is a multi-faceted issues thus cannot be deduced to an individual variable. Theodora (2014) attributed women with disabilities vulnerability to cultural, political and socio-economical disadvantages. Edwards-Jauch (2016) argues that married women and those with less education are likelier victims of violence than single women. Specifically to the latter, women with disabilities are vulnerable to violence as majority are less educated and have limited understanding of their human rights and gender-based violence support systems.

Theodora (2014) further posits that power dynamics are not uncommon in many forms of violence. It can be deduced that the difference in power relation between genders is both innate and disability grounded. Women with disabilities are physically defenceless to GBV perpetrators. The acts of violence against a partner, spouse, child, elder or family member with a disability are therefore not simply acts of aggression or injury committed by one family member against another, but involve a dimension of power abuse in which the more powerful person takes advantage of less powerful family members.

Mazars, et al. (2013) argue that the roots of domestic violence are also interrelated with various social challenges including unemployment, poverty, alcohol abuse and changing family and community norms. Maiba (2009) acknowledges a positive relationship between employment or independent living and the level of discrimination or abuse at home. It was discovered, although not 100% confirmed, that people with disabilities who earn an income and are thus financially independent are less susceptible to incidents of discrimination or abuse in the domestic environment, but this status does not protect them against discriminatory or abuse practices in other social contexts.

Emmett and Alant, (2007) argue that there is ample evidence that women with disabilities experience major psycho-social problems and they have been restricted to home-based activities, while men with disabilities are likely to be supported in more public and outward-looking avenues. An interesting finding by Maiba (2009) in this vein states that women with disabilities are more vulnerable to violence at home than in the community while their male counterparts receive an equal share of exposure to these incidents at home and in the community.

Culture

Edwards-Jauch (2016) contends that cultural violence includes the cultural and ideological resources employed to justify and legitimise structural violence and to make it seem so natural. It

includes attitudes, ideas, religion, language and the epistemic privilege to certain forms of knowledge. This insight implies that culture particularly patriarchal *inter alia*, is the precursor of gender-based violence. Samkange (2015) posits that patriarchy is a form of male dominance exercised by society over women. Men inflict physical and sexual violence over women through their supremacy which extends beyond the family, as it affects employment condition, distribution of wealth, provision of opportunities among others. Such supremacy is worse for women with disabilities as patriarchy intersects with contempt for disability thereby placing women with disabilities in a further precarious position.

Maiba (2009) contends that culture espouse certain superstitious beliefs that contempt disability such as disabilities are a result of curse or witchcraft. Women with disabilities suffer multiple forms of discrimination on these ground. However, these myths are mere social constructs with no factual ground to justify maltreatment of women with disabilities. For instance, according to Emmett and Alant (2007), the Human Rights Watch has reported that women with disabilities have been subjected to marital restrictions, involuntary abortions, and forced relinquishment of their children. In Namibia, this can be confirmed by the shock and dismay expressed by relatives when one dates or propose to marry someone with a disability, claiming that the partner with disabilities may not be able to fully perform their marital roles be it economically, physiologically, psychologically or otherwise.

Accessibility

The UN (2006, p.9) Article 9 documents that to enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure that persons with disabilities access facilities and services on an equal basis with others. These include access to physical environment, transportation, information and communication including information and communications technologies and systems both in urban and in rural areas. Despite the Convention call, the majority of persons with disabilities in Namibia do not have access premises including those that render remedial services to gender-based violence victims independently. Many persons with physical, intellectual or sensory impairments are deprived from information crucial to their development and protection. For instance, technological advancement comes with a shift of disseminating information from traditional ways such as communal gatherings and radios to print media and electronic means. However, according to NSA (2016), internet is only accessible to 3% and 2.1% of persons with disabilities. Depending on the nature of their disabilities, gender-based violence campaigns presented in print- or audio-visual media can become regular reminders and providers of information to people without impairments, but for those with impairments, these could be inaccessible. Poor access to information means that women with disabilities do not access information about risks in their society through social media and neither do they benefit from educational campaigns regarding gender-based violence and other developmental issues in their community and broader society.

According to Kauluma (2010), Sign Language interpreters are not readily available or sometimes not willing to assist when it is a criminal case. Such status quo infringes on the rights of women with hearing impairment to a fair hearing and creates a viable opportunity for perpetrators to commit violence or survive prosecution. With regard to persons with visual impairment, Kauluma (2010) states that laws and policy documents are often not translated in Braille. These may include legal documents on GBV. This deprives women with disabilities access to critical information such as toll-free numbers they can use to report cases of gender-based violence and what support services are available to communities.

Hubbard (2012) discussed that the Namibian Police established the Women and Child Protection Unit (WCPU) in 1990, specifically to deal with gender-based violence cases. However, due to a gender subjectivity connotation the institution was later renamed to the Gender-based Violence Investigative Unit. The unit is intended as specialised police units which can provide sensitive responses and integrated services to victims of gender-based violence. The unit branches are strategically located close to the hospitals and clinics in all 14 regions for convenient provision of medical examination to victims of violence when necessary. However, Hubbard (2012) and Kauluma, (2010), argue that this unit has not yet fulfilled its full obligation because of training shortcomings, frequent transfer of personnel in and out of the units, lack of adequate transport, some inexperienced or unsympathetic staff, lack of support and supervision for staff, a shortage of social workers, and lack of adequate facilities and equipment. Further vulnerabilities are attributed

to problems in the police services, with police staff often being unaware of and untrained on issues related to disability, particularly as this pertains to violence in care-giving relationships. They are often driven by stigma and react in an unprofessional manner that pushes the clients away.

According to Kauluma (2010), the police officers at the Woman and Child Protection Units (WCPU), now renamed the Gender Protection Unit did not receive any Sign Language training. What they do is make arrangements with private Sign Language interpreters to help with the case when a woman with hearing impairment turns up for a case. However, this may prolong the investigation as private Sign Language interpreters are not always readily available and may also compromise on confidentiality of the case reported as a third person has to be involved. Moreover, Williams (2015) states that violence often results in severe injuries with disabling and lifelong physical and mental consequences. Clients would therefore prefer a one-on-one privacy with service providers as recalling and narrating about violent experiences can be moving.

According to Mazars, et al. (2013), only a small proportion (16%) of women with disabilities in South Africa successfully sought and received adequate help to resolve their crisis situations with the CJS. This statistic reaffirms Opoku et al. (2016), Nyambura (2013) and Williams (2015) who claim that persons with disabilities in developing countries are faced with barriers to criminal justice systems, health care centres and developmental projects. To that effect, abused women with

disabilities are more likely to remain in chronically abusive situations that escalate in the level of severity over a longer period of time. A holistic approach cognisant of unique barriers that characterise women with disabilities' accessibility to support services challenging, is profound to social inclusion and equitable delivery of social welfare services to all.

2.4.3. Forms of violence against women with disabilities

Macfarlane (2008) asserts that it is a well-known fact that all people with disabilities, whatever their impairment, are subjected to abuse in many forms. There are certain discriminatory or abusive practices that cut across culture, gender and age and those that are specific to particular disabilities. According to Opoku et al. (2016), psychological or emotional violence is one of the primary forms of violence women across of the spectrum of disabilities experience almost on a daily basis as factors such as societal discrimination are often internalised resulting in personal devaluation and low self-esteem. It is characterized by name-calling and other degrading utterances related to one's impairment. Andrae (n.d.) argues that threats, intimidation, manipulation, humiliation and controlling behaviour are all forms of psychological violence and often accompany physical and/or sexual violence. Persistent exposure to insults; wilful neglect, being left isolated for long periods of time as punishment, or left unassisted for mobility or personal hygiene; and constant lack of respect throughout the life cycle can have serious effects and negative mental outcomes.

WHO (2015) also reported that women with disabilities are also subjected to incest and virgin rapes and HIV/AIDS infection due to societal myths that persons with disabilities are asexual and one could be cured of HIV/AIDS by having sex with a virgin. Furthermore, maltreatment points to forced abortion and forced sterilization to avoid pregnancies because women with disabilities are deemed incapable of being mothers, or because the suppression of their menstruation is easier to manage for their carers.

According to Andrae (n.d.), communities still do not believe persons with some types of disabilities are sexually active. This makes it difficult for sexually abused women to report such incidents to support systems as they are often counteracted with humiliating receptions. Furthermore, Opoku et al. (2016) argue that several victims of sexual abuse become pregnant. Sadly, most of the perpetrators refused to take responsibility, leaving the victims to struggle to cater for themselves and their children.

Global data from the WHO (2015) Survey show that employment rates are lower for men with disabilities (53%) and women with disabilities (20%) than for non-disabled men (65%) and women (30%) without disabilities respectively. With regards to persons with disabilities unemployment state of affairs in Namibia, NSA (2016) reports that the unemployment rate for persons with disabilities is 39%. The phenomenon is higher for females with 43.5% compared to 34.7% for

males. Capacitating women with disabilities educationally would increase their absorption rate into the labour force market and would mean financially independent and consequently reduce the likelihood of being abused.

2.4.4. Support services and response measures to gender-based violence

Accessing social support is difficult for all women who are being abused, but especially difficult and complicated for women with disabilities due to physical limitations, social isolation from friends and or family, and limited situations where women who are being victimized may meet new people that may assist. Van Rooy, Amadhila, Mufune, Swartz, Mannan and MacLachlan (2012) assert that people with disabilities face unique problems with conventional service facilities and the support service system. For example, in many instances rural facilities and critical institutions lack toilets and proper ramps, thus creating vulnerability for women with disabilities as they end up depending on others for assistance and risk being abused. For women with hearing impairments, the lack of Sign Language interpreters in public offices creates barriers in their expression of risks and also in reporting violence committed against them in a convincing and technically sound manner for a court to take informed decisions. As a result, people with disabilities, more so women, might be discouraged from visiting such facilities, thereby defeating the goal of equal access to services.

Lang (2008) highlights structural barriers such as unfriendly buildings for people with visual and physical disabilities, long distances to support services, and lack of accessible response services. Process barriers include long waiting hours, lack of Sign Language interpreters and insufficient service personnel at support services centres. Although these barriers would require time, excessive financial resources and attitudinal change to redress, a great deal of effort needs to be committed as they hinder abused women with disabilities access to prompt and adequate services.

2.5. Conclusion

This chapter reviewed literature in the field of disabilities and gender-based violence. This section presented the status quo of disability in Namibia, as updated by the NSA. The chapter then discussed diversified viewpoints on disability as per different concepts. Various theories related to the topic of women with disabilities and gender-based violence were also discussed. Lastly, the chapter looked at insightful literature on the intersection of gender and disability. It was highlighted how double discrimination places women with disabilities in a precarious position to gender-based violence. Emphasis was particularly focused on vulnerabilities, the forms of marginalisation of women with disabilities and barriers faced in access to GBV support services and the criminal justice system. The following chapter will discuss the methodology employed in conducting the research project.

CHAPTER 3

METHODOLOGY

3.1. Introduction

This chapter maps out the overall approach of the research process. Firstly, an explanation is presented on the research design preferred and its utility to scientific analyses. Then, background information is provided about the study population and sampling techniques. These facts preceded practical fieldwork of the study, such as the research instruments, data collection, data analysis, and research ethics compliance.

3.2. Research design

The study employed a qualitative design to elicit in-depth insights through face-to-face interviews. Creswell (2014) recommends the use of qualitative design for an in-depth understanding of concepts or phenomena under research. The researcher preferred the qualitative method for this study as De Vaus (2002) commends that qualitative methods provide rich data about people real life and situations and being more able to make sense of behaviours and to understand behaviours within a wider context; unlike a quantitative design which is sometimes portrayed as being sterile and unimaginative.

The underpinning approach of this study was the narrative method. According to Riesman (2008), the narrative approach typically focuses on the lives of individuals as told through their own written or spoken words or visual stories. To give meaning to the narrative research design, the researcher conducts in-depth interviews, read documents, and establishes common themes.

3.3. Population

A population is “a large group to which a researcher wants to generalize the sample results” (Johnson & Christensen, 2012, p. 218). This study focused on women with physical, visual and hearing impairments residing in both rural and urban areas of the Khomas region within the age range of 16 to 60 and who can relate to gender-based violence. Children under the age of 16 as defined by the Namibian Constitution Article 15, Sub-Article (2), are excluded on ethical grounds as they would require parental consent to partake in this study.

According to the 2011 Namibia National Population and Housing Census, there are about 10713 persons with disabilities in the Khomas region of which 5230 (49%) are women, a proportion that constitute the population of the study.

3.4. Sample

De Vos, Strydom, Fouche and Delport (2011) refer to sampling as a smaller number of a population that is considered to be a representation or having particular characteristics of that total Population. The total sample was comprised of 14 respondents, four from each type of disability (hearing, physical and visual impairments) and two key informants that is, social workers from the Gender-based Violence Investigative Unit. Social workers at the Gender-based Violence Investigative unit were particularly selected on the basis of the nature of the services they provide, my assumption being that they were likely to encounter abused women with Disabilities on a more or less frequent basis.

Quota and purposive sampling techniques were adopted in choosing respondents from the three OPDs (NFVI, NNAD and NAPD) and key informants (social workers) at the Gender-based Violence Investigative Unit respectively. According to Sarantakos (2013), quota sampling is a non-probability sampling technique in which the researcher set quotas or numbers, of kinds of people he/she wants and then use convenience sampling to meet those quotas, that is, the people who are the most available or the most easily selected for your research study. As per purposive sample, Sarantakos (2013) explains that Researcher uses own judgment to decide which subjects are relevant to the project.

Three purposive quotas were established according to different types of disabilities under research. The researcher visited all three OPDs' offices at the Disability Resources Centre in Okuryangava, Katutura and requested the list of registered members from which he drew prospective respondents. Respondents were recruited after they were contacted over the phone, indicated that they can relate to gender-based violence and gave their consent to participate. The Researcher also visited the Gender-based Violence Investigative Unit at Katutura hospital for appointments with key informants.

3.5. Research instruments

The researcher used semi-structured and open ended interview guides for both selected respondents with disabilities and key informants, as they allow the researcher to probe further insights and prompt respondents to divulge more experience of violence extensively. The guides had two sections, section A: Demographic information and section B: research questions. The interviews lasted for about 20-30 minutes per respondent.

A voice recorder was also used to capture discussions with respondents to allow the researcher to understand and interpret the data better as he would be able to listen to it time and again.

3.6. Procedure

The researcher first sought consent from social workers and individuals with disabilities to partake in the study. The aim of the study as well as the significance of the study were extensively explained. Only women with disabilities who indicated that they have gender-based violence experience to relate to were recruited for the study. Ethical conduct was rigorously exercised prior, during and after the project. Once consensus to participate in the study was reached with respondents, convenient times, dates and venues were agreed upon. Data was collected over a period of two weeks in accordance with appointments fixed with respondents.

Twelve in-depth interviews were conducted with women with disabilities with the aim to explore and understand their vulnerabilities to gender-based violence, forms of violence they endure as well as their experiences of seeking help to combat gender-based violence. Two in-depth interviews with key informants were also held. Discussions with key informants centred around the types of cases involving women with disabilities that they had dealt with; their experience of providing services to women with disabilities; as well as their policies, programs and initiatives to improve service delivery to abused women with disabilities.

Data were collected by means of face-to-face interviews. Interview guides were translated to Afrikaans and Oshiwambo to give respondents that would prefer languages other than English

other languages options. Both Key Informants and nine respondents with disabilities were interviewed in English and the remaining three respondents preferred to speak in Oshiwambo.

A voice recorder was used with the permission of the respondents. Meanwhile, the research-assistant also took some notes especially to capture visual gestures in terms of body language. The research assistant was a University of Namibia social science graduate with background experience in data collection and research methodology in general. However, the researcher refreshed her on expected conduct during the research project with specific emphasis on confidentiality and respect for privacy of respondents.

Interviews with respondents with hearing impairment were conducted with the assistance of a Sign Language interpreter, who acted as a linkage between the interviewer and respondents by translating questions and responses through Sign Language to verbal language. This is with the exception of one respondent with hearing impairment who participated independently (without the help of a Sign Language interpreter) as she can speak and encode the researcher by lip-reading.

Interviews were conducted at respondents' workplaces, Disabilities Resources Centre in Okuryangava and the researcher's workplace based on the choices of respondents. The data was transcribed verbatim into word documents and analyzed. The names of the respondents have been

changed and pseudonyms were used, in the report in order to protect their identities of respondents and ensure anonymity.

A debriefing session with all respondents was arranged after completion of the first phase of data collection to ensure that respondents receive feedback and also have the opportunity to edit or explain meanings to the data.

3.7 Data analysis

The research data was analysed using the thematic analysis. The researcher heard each audio-recording before being transcribed verbatim. Riesman (2008) acclaims the thematic analysis for narrative studies. After transcription, the researcher read through the write-ups in order to familiarize himself with the pattern of responses; this helped to create a picture of trends and recurring ideas. Codes were assigned to recurring ideas in the script, and later grouped into categories which were further linked together into themes developed from the research questions. Associated themes were realigned in order to simplify the analysis. This made it easier for the researcher to come up with a summary of the findings.

3.8 Research ethics

The study was conducted within ethical guidelines and principles of the international Declaration of Helsinki. De Vos et al. (2011) define ethics as principles that influence behaviour in human relations- a code of conduct.

The researcher was therefore guided by the following research ethics:

- The researcher obtained an ethical clearance letter for the study from University of Namibia's Post Graduate Studies Committee through the Research and Publication Office.
- The researcher revealed his identity and explained the purpose of the study to the respondents prior to the discussions.
- The researcher sought consent from individual women with disabilities and the key informants prior to discussions.
- The researcher guaranteed respondents' privacy, anonymity and their right to withdraw from the study at any time should they wish.
- The presence of the research assistant was explained to respondents especially with respect to confidentiality.
- Both the research assistant and the sign language interpreter signed the consent and commitment to confidentiality.
- The researcher assured the respondents that the data will be stored in a lockable cabinet to avoid leakage of information for at least four years before they are destroyed and would only be retrieved for educational purposes.

- Lastly, the researcher vowed to report the true reflections of collected data and avoid fabrication or falsification of research results.

During the interviews with the respondents the researcher shown empathy to respondents with disabilities emotive recounts of violence experiences and where necessary supplemented their knowledge of existing support systems for unsolved violent relations.

3.9. Conclusion

This chapter primarily reported on the sequential research methodology adopted in the course of the study. At the onset, the chapter defined the research design, justified the choice of the methodology employed and its suitability to the research topic at hand. Further discussions provided more insights in relations to the population of the research subjects and procedural manoeuvres regarding sampling techniques, research instruments, data collection and analysis of findings. Lastly, the chapter tackled the research ethical considerations upheld researcher adhered to. In the next chapter, the researcher will present the results of the study.

CHAPTER 4

PRESENTATION OF FINDINGS

4.1. Introduction

This chapter presents the data collected for the study. Data are presented in the sequence in which questions were asked in the data collection instrument. The data were categorized into themes and organized into key themes as distinguished in the research tools. Collected data are interpreted to gain an extensive insight of vulnerabilities contributing to GBV perpetrated against women with disabilities in the Khomas region in Namibia. Where applicable, the results are presented in a narrative or table format.

4.2. Demographic information of the respondents

This information is presented in table format showing sex, age, type of disabilities, marital status, and level of education, occupation and home language.

4.2.1. Demographic information of respondents with disabilities

Table 4.1 illustrates demographic information of respondents with disabilities:

Name	Sex	Marital status	Level of education	Type of disability	Occupation	Home language	Age
Kudhewe	Female	Never married	Completed primary education	Visual impairment	Unemployed	Otjiherero	32
Nangula	Female	Married	Completed secondary education	Visual impairment	Student	Oshiwambo	40
Bwiza	Female	Married	Completed secondary education	Visual impairment	Employed	Silози	45
Namasiku	Female	Married	Completed secondary education	Visual impairment	Employed	Silози	29
Natasia	Female	Never married	Completed secondary education	Physical impairment	Employed	Damara/ Nama	52
Ndina	Female	Never married	Completed secondary education	Physical impairment	Employed	Oshiwambo	57
Nangombe	Female	Never married	Completed secondary education	Physical impairment	Employed	Oshiwambo	31
Gissela	Female	Never married	Completed secondary education	Physical impairment	Unemployed	Damara/ Nama	39
Mpo	Female	Never married	Tertiary education	Hearing impairment	Employed	Sign Language/ Setswana	27
Viyanda	Female	Never married	Completed primary education	Hearing impairment	Unemployed	Sign Language/ Otjiherero	26
Makena	Female	Never married	Completed primary education	Hearing impairment	Unemployed	Sign Language/ Rukwang	28
Namutenya	Female	Never married	Completed primary education	Hearing impairment	Employed	Sign Language/ Oshiwambo	27

Data shows that four (N = 28.5%) respondents from each type of disability under research partook in the study. Respondents' marital status information indicate that out of twelve respondents, only three (25%) are married whereas, the remaining nine (75%) are never married. With regard to the level of education, three (25%) respondents have completed primary education, eight (67%) have completed secondary education while only one (8%) respondent has completed tertiary education.

In terms of occupation, seven (58%) respondents indicated being employed, four (33%) are unemployed and one (8%) is still a student. The age of respondents ranged from 26 to 57 years.

4.2.2. Demographic information of key informants

Table 4.2 illustrates demographic information of key informants:

Name	Sex	Marital Status	Level of Education	Employer	Home Language	Age
Nadine	Female	Never Married	Bachelor Degree	Ministry of Gender Equality and Child Welfare	English	30
Kadhlo	Female	Never Married	Bachelor Degree	Ministry of Gender Equality and Child Welfare	Otjiherero	40

Data indicate that both (N = 100%) key informants are qualified social workers and hold Bachelor degrees. In addition to that, they are both females and never married of middle age, 30 and 40 respectively.

4.3. Disability and violence against women

The primary question asked respondents to indicate whether gender-based violence against women with disabilities exists in the Khomas region. All fourteen (14) respondents (N = 100%) partaken in the study (Social workers and women with disabilities) responded affirmatively that gender-based violence against women with disabilities is a reality. Consistent with Maiba (2009) the key informants reaffirmed that violence and abuse is a reality in the lives of many women with disabilities. However, it is difficult to fully estimate the extent of the phenomenon because acts that women with disabilities may experience as violent generally go unreported.

Kadho had a single case of a woman with disability (visual impairment) in the six months period prior to the interview. *Nadine* also had only a single case of a woman with developmental disability, which was twelve months before the interview.

“Yeah, women with disabilities are also abused but due to some reasons not entirely known to us, they do not come to us and that is our main concern” said Kadho.

With that minimum interaction with clients with disabilities, key informants responses were largely based on their experiences with women without disabilities.

Nadine therefore presumed that they either lack information, not abused or perhaps they adopt certain coping mechanisms that enable them to tolerate GBV.

When probed why she thinks women with disabilities do not come to support services, *Nadine* replied: “*I really don’t know. For now I can only suspect that they either lack information on available support services or perhaps they adopt certain coping mechanisms to gender-based violence.*”

When asked to describe the lived experiences of women with disabilities with regard to gender-based violence, all respondents (key informants and respondents with disabilities, N = 100%) narrated that women with disabilities experience various forms of abuse almost on a daily basis both in domestic and community spheres as well as at the hands of family and community members. WHO (2015) reaffirms that perpetrators of abuse against women with disabilities include strangers, family members, intimate partners, caregivers, and peers and the range of abuse perpetrated is staggering.

Elaborating further on women with disabilities gender-based violence lived experience, *Bwiza* (visually impaired) narrated that, “*women with disabilities hardly confide incidents of violence to anyone. Instead, they bear tension in silence. Over time, the tension builds up internally and symptoms of distress only manifest themselves later on in stress, depression, agitation and easily offended.*”

4.4. Attributes to increased vulnerabilities to gender-based violence

Opoku et al. (2016) cogently point out how the dynamics of abuse are shaped by the extent and form of the disability, and the vulnerabilities that present with different disabilities. This claim was backed by findings collected in response to the question seeking what makes women with disabilities more vulnerable to GBV. Respondents with disabilities raised the following factors:

Physically defenceless

Theodora (2014) posits that power dynamics are not uncommon in many forms of violence and four respondents (N = 28.5%) with physical disabilities narrated that the combination of gender and physical disabilities deprives them of the ability to defend themselves against perpetrators of violence.

Negative public attitudes towards disability

Majority of respondents (92%, N = 11) argued that women with disabilities are discouraged to report incidents of violence to family members, police or any other support service down to the impression that they will not be taken serious and people would use their impairments to discredit their stories.

Limited or no education about appropriate and inappropriate interpersonal relations

According to Opoku et al. (2016), women with disabilities with better level of education live independently and are less vulnerable to violence compared to semi and illiterate counterparts. All respondents (100%, N = 12) acknowledged that many women with disabilities are either illiterate or semi-illiterate. As a result, they have limited knowledge about their rights or support systems in place when experiencing violence. Likewise, they do not distinguish between acceptable and trespass conducts.

Distrust of and lack of confidence in the police and other support services

Most respondents (92%, N = 11) expressed a no confidence in police and other support systems, as well as service providers. Respondents asserted that police officers and social workers lack

knowledge to deal with women with disabilities, including the ability to communicate in Sign Language.

Social isolation and increased risk of manipulation

Bwiza, Nangombe and Makena revealed that majority of women with disabilities either live alone or with their children. So, perpetrators capitalize on that situation to commit violence.

Key informants on the other hand narrated the following vulnerabilities:

Physical helplessness and vulnerability in public places

Both Key informants (100%, N = 2) lamented structural constraints facing women with disabilities in reaching Gender-based Violence Investigative Units, police stations and other support services independently. “*You know most people with disabilities don’t have jobs. A woman who walks with a limb for instance would struggle to walk from Ombili or Havana to reach here by foot*” said *Kadho*.

Lack of access to information about protective legislation and options for redress in the case of abuse.

Nadine underscored lack of information on protective legislations and available support systems for a majority of women with disabilities as one of the main reasons to prolonged abuse. She also pointed out the dearth of critical Acts and Policies in Braille, audio format and large prints.

4.5. Forms of violence against women with disabilities

When respondents were asked to state the forms of gender-based violence women with disabilities experience, these were the responses:

Emotional/psychological abuse

All respondents with disabilities (100%, N = 12) mourn emotional or psychological abuse characterized by devaluing utterances and name calling related to respective disabilities, as the common form of violence women with different disabilities endure on a daily basis. “*You are called derogatory names like shipofi (a derogatory reference for visual impairment) as you are sub-human but you just mourn internally and let it go*” responded *Nangombe*.

Domestic violence

All respondents with disabilities (100%, N = 12) narrated that they experience numerous forms of domestic violence at the hands of family members. Respondents pointed out emotional abuse, financial abuse and neglect.

Physical and emotional neglect

Namutenya, Nangombe, Kudhewe and *Gissela* bemoaned that they are often deprived of basic services and sense of belonging by both family and community members. *Gissela* lamented that women with disabilities are treated like children as they are overlooked to partake in family and communal roles.

Gossip or bad mouth

Mpo (hearing impaired) asserted that “*Sometimes you just see people laughing and you don’t know what they are laughing at. If you go and ask someone later she will tell you that they were making fun of you.*”

Lack of dignity

The majority of respondents with disabilities (92%, N = 11) lamented that they are constrained to live with less dignified lives. Respondents pointed out that they are treated like children and in some instances, insignificantly.

Restricted movements

Married and cohabitating women with disabilities (*Nangombe, Makena, Bwiza and Namasiku*) bemoaned restricted movements by their spouses and partners respectively. *“Let me say if you live with your partner, he will not even be pleased to see you living independently like going to visit relatives or going to disabilities meetings. He would just like to keep you under his control and maltreat you as he pleases.”* said *Namasiku*.

Rejection

Respondents told that women with disabilities are precluded from psychosocial norms, a practice that impinges on their femininity identity and roles. WHO (2015) reported that violence against women with disabilities can range from neglect to physical abuse to denying them even the biological and cultural roles of marriage and childbearing. Since disability is widely viewed as a

curse, most families tend to prohibit their male relatives from forming intimate unions with partners with disabilities.

Ndina (with physically impairment) recounted that she could not get married to someone with whom she shared mutual love because his family did not accept her. “*It was not made clear to me per se that the marriage is denied on the basis of my impairment but the true motive was circulated in our community*” she said.

Affirming the WHO (2015) finding, *Bwiza* (visually impaired) told that some women with disabilities are stripped off their children without their consent under the misconception that they are not capable of rearing children.

Stigma

All respondents with disabilities (100%, N = 12) argued that women with disabilities endure stigma from members of the society.

Sexual abuse

According to *Mpo* (hearing impaired), women with disabilities are sexually abused, mostly by close associates. According to *Andrae* (n.d.), communities still do not believe that persons with some types of disabilities are sexually active. Perhaps this practice contributes to a low reporting rate of sexual violence as they are often counteracted with humiliating receptions when turning up for reporting violent cases. *Opoku et al.* (2016) stressed that the most visible consequence of sexual violence is unwanted pregnancy.

Namutenya (hearing impaired) recounted that men would get women with disabilities pregnant and eventually deny paternity. Meanwhile, she narrated how she had to fend for herself, with limited income, as her family also rejected her because of the same incident. “*It happened to me. My family shifted the blamed on me and even kicked me out of the house.*”

Key informants on the other hand revealed or echoed the following forms of violence:

Physical abuse

Both key informants narrated that physical abuse is the primary form of gender-based violence women with disabilities report to support services. However, *Kadho* posits that “*Even though*

physical abuse suggests the prevalence of other forms of violence as physical violence often emanates from emotional and financial abuse.”

Interestingly, only one (N = 8%) respondent with a disability (*Natasia*, who has physical impairment) acknowledged physical abuse as one of the forms of abuse she experienced. She also responded promptly by reporting the incident to the Gender-based Violence Investigative Unit.

Economic violence

Parker, Grebe, Hirst, Hendey and Pascall (2007) assert that women with disabilities may experience particular forms of economic abuse: confiscating or misusing her disability grant; defrauding her by making unauthorized withdrawals of money from her account (common in the case of women who are visually impaired or physically immobile, and who are therefore reliant on others making financial transactions on their behalf); and petty theft (for example, visually impaired person being short-changed). Correspondingly, all respondents (100%, N = 14) recounted that women with disabilities are ripped of their money by their family members and acquaintances. This happens either forcefully or deceptively.

Sexual harassment

Kadho narrated that much like in the cases of women without disabilities, men constantly make sexual advancement either physically or telephonically to women with disabilities who attempt to liberate themselves from violent relationships. “*The lady with the disability that I told you I received last confided to me that despite her attempts to cut off the communication with the man, he would regularly send her love texts or even go after her at school.*”

4.6. Social factors contributing to gender-based violence

Responding to the question probing for social factors that make women with disabilities vulnerable to gender-based violence, respondents with disabilities pointed out the following factors:

Culture

Some cultural traditions uphold beliefs abusive to women with disabilities. Opoku et al. (2016) highlight that some men preferred to have sex with women with disability for superstitious or ritualistic reasons such as fortification, protection and even prosperity.

Gissela (physically impaired) related that “*Despite my age I am treated like a child even by my biological family members simply because I did not bear children.*” Further, *Kudhewe* (visually impaired) revealed that culture socializes women against divorce regardless of how vicious the relationship may be. Samkange (2015) reaffirms that male supremacy is accepted as normal and for a woman to leave a relationship is viewed as deviance.

Service provider’s attitudes

About 83% (N = 10) of respondents argued that some service providers’ unsympathetic attitudes towards women with disabilities deter victims of violence from seeking assistance. “*Going to report gender-based violence case for instance, the police would not even believe that you have a man. So you now have a fear that you go there and become the laughing stock*” (*Bwiza*).

Accessibility to support systems

Van Rooy, et al. (2012) cited that people with disabilities face unique problems with conventional service facilities and the support service system. Consistent to that, 67% (N = 8) of respondents (with physical and visual impairment) shared that the majority of women with disabilities have challenges to reach police stations, Gender-based Violence Investigative Units and other support services independently due to long distances or unfriendly infrastructures. *Makena* (hearing

impaired) narrated that *“I may be having a problem at home but I am just not courageous to go to Police because when I go there Police officers cannot communicate in Sign Language.”* Related to that, *Kudhewe* (visually impaired) revealed that *“For me to get to the Gender-based Violence Investigative unit depends on whether I get someone I trust to take me there because I cannot go out there alone I will need to be guided and assistance in filling papers.”*

Discrimination

All (100%, N = 12) respondents with disabilities recognized discrimination against women with disabilities, almost in every field. *Gissela* (physically impaired) told that *“the way people look and treat you suggests that you are insignificant. Even with your own biological relatives, you can tell that the manner in which family members without disabilities are regarded is not the same with you that have a disability.”*

Alcohol and drugs abuse

About 33% (N = 4) of respondents with disabilities and key informants (100%, N = 2) recognized the role alcohol and drugs abuse play in the perpetration of violence to women. *Nangombe* narrated how his partner that she is cohabitating with occasionally turns violent as a result of alcohol abuse.

“If he didn’t drink we are just happy together. But whenever he is drunk that’s when he is verbally abusive especially mocking my impairment.”

4.7. Effects of gender-based violence

In response to the question exploring how gender-based violence affects women with disabilities, that is psychological, educational and employment, data revealed the following:

Psychological effects

According to Key informants, women with disabilities come to the unit in a fragile state of mind. According to Nadine, *“We spend much time with victims of GBV restoring their self-esteem and educating them on their rights.”*

Nadine described psychological effects of GBV on victims’ by three words *“helplessness, hopelessness and worthless.”*

Equally, respondents with disabilities (42%, N = 5) underscored psychological effects characterized by stress, depression, low self-esteem and sense of excluded/outcaste from the mainstream society.

Effects on education

Kadho presumed a public lower disregard of a girl child with a disability education as it is even low for women without disabilities.

Respondents with disabilities narrated the following:

Nangula (visually impaired) asserted that overwhelmed victims of GBV suffer from poor performance in school and lack of motivation in their educational commitment.

Nangombe and *Ndina* (both physically impaired) indicated that girls with disabilities either drop out of school due to ongoing bullying by fellow pupils or parents still stuck into the ancient practice of alienating persons with disabilities from the public sphere. Meanwhile, *Nangombe* narrated that “*I would be a teacher or a nurse. When I was in Standard nine at Mweshipandeka Secondary School, my teacher persistently called me dehumanising languages. So I decided that I can’t take it anymore and go back to my parents’ house.*”

Employment

The key informants related that employers would misjudge women with disabilities ability to perform competently at work. What’s more, majority of women with disabilities do not have the

required qualifications for employment. *“I wonder how many more persons with disabilities are educated out there and are capable of operating a computer as you are doing.”* Said Kadho referring to the researcher. Respondents with disabilities highlighted the following effects:

Most respondents (83%, N = 10) bemoaned that employers discriminate women with disabilities in employment. *Viyanda* (hearing impaired) called for the enforcement of existing legislation for instance the Affirmative Action Act No.29 of 1998 that calls for equalization of employment opportunities to three designated groups, i.e. racially disadvantaged, women and persons with disabilities.

Gissela (physically impaired) and *Makena* (hearing impaired) claimed that most women with disabilities suffer from lack of motivation in job seeking. *“It’s really hard to get a job in Namibia if you are a women with disability. If you show up for an interview and the employer finds out that you have a disability, you will be told to go back home and wait for their call. However, that call will never come forth”* said *Makena*.

Makena further argued that the challenging quest for jobs have led some women with disabilities into risky practices such as transactional sex. “*Yeah. Some guys would tell you that do me a favour then I will also make a plan for you.*”

4.8. Impediments/challenges associated with leaving abusive relationships

When asked why women with disabilities do not end relationships in which they are being mistreated, the key informants gave their insights that reasons for women with disabilities to be trapped in abusive relationships overlap with those of women without disabilities counterparts. However, these reasons vary from one individual to another.

Nadine narrated the generic violent cycle of abused women struggles from ending abusive relationships. “*After beating or any other violent acts, comes a period of harmony where the couples seem to be in a harmonious state. As a result, women look with hope and potential for permanent behavioural change and resolve to stay put. However, soon after, violent behaviour recur, and so the vicious circle revolves.*”

Respondents with disabilities on the other hand attributed prolonged abusive relationships to a number of aspects.

Lack of human rights knowledge

All (100%, N = 12) respondents with disabilities pointed out to lack of human rights knowledge as a major shortcoming for women with disabilities.

Acceptance of violence

Kudhewe (visually impaired) and *Ndina* (physically impaired) expressed that abused women settle for violent relationships under the belief that enduring violence is inseparable with having a disability.

Fear of retaliation

Most respondent's (92%, N = 11) attributed prolonged violent relationships to the fear of partner's reaction to termination of a relationships. "*Sometimes you just put up with violent relationship because you do not know what he will do to you when you decide to end the relationship,*" said *Nangombe*.

In relation to the violent cycle narrated by the Key informant, some respondents with disabilities indicated that women with disabilities have a fear of living lonely lives. Hence, settle for adverse lifestyle with hope of partners behaviour change.

Dependency

All respondents pointed to economic and social (mostly disability-related assistance) dependency to others, as the main reason women find it hard to end abusive relationships.

Ndina (physical impairment) indicated that some abused women resolve to bear with their abusive male partners as they are depended on them for mobility to various places. *“Even if you decided to move on it may not make much of the difference. Perhaps a person was abusive but is the one who use to run around for you when you finish up your medicines.”* Said *Natasia* (physically impaired).

Religion

Namasiku (visually impaired) cited Christianity teaching against divorce, as one of the reasons why she does not attempt to end her abusive marriage. Related to that, *Nangula* (visually impaired) also recounted that culture socializes women to be submissive to their husbands and denounces dissolutions of families.

4.9. Gender-based violence support services

Responding to a question asking about the availability of support systems for women with disabilities experiencing gender-based violence, three (N = 25%) respondents (*Namasiku*, *Bwiza* and *Nangula*) could only relate to social workers but could not specify exact institutions. Police stations seem to be the most known support system as every respondent has acknowledged it. Although *Namasiku*, *Nangula*, *Bwiza* and *Makena* expressed knowledge of the Gender-based Violence Investigative Unit, they could not refer to it by its current name but by the former Women and Child Protection Unit (WACPU). These findings suggest the paucity of formal support systems awareness amongst women with disabilities.

Natasia and *Mpo* acknowledged the service of family members especially, elders that command authority and can intervene accordingly, in times of violent incidents.

Kudhewe and *Gissela* told that communities especially in the informal settlements do elect community leaders (Committee members) in their respective localities. These are individuals elected within respective residential zones according to their leadership personalities. These individuals are entrusted by their communities to serve as the focal points of their respective communities and to provide leadership directive under pressing circumstances. *Namasiku* and *Nangombe* acknowledged use of religious leaders for spiritual counselling.

Witchdoctors

Interestingly, *Nangula* related that witchdoctors are some of the services abused women consult for a remedy. However, she could not divulge much information probably because this service was closely linked to some of the cultural traditions that people are not really poised to shed much light on.

National Disabilities Council of Namibia (*NDCN*) *Ndina* recognized the *NDCN* as one of the support system available to women with disabilities experiencing violence.

Service centre of the visually impaired (SCVI)

Namasiku narrated that the *SCVI* in Windhoek West is also fitting to be in this category. “*I think the Service Centre is also one of these support services. Because if you have just become disabled and go there, you will be rehabilitated on how to live your independent normal life again.*”

Key informants on the other hand narrated numerous services rendered to victims of GBV at the Gender-based Violence Investigative Unit.

Nadine narrated that “The unit has integrated all services a victim of GBV may need in one premise or closest possible proximity. These include the police where a victim would need to lay a case of violence or apply for a protection order, social workers to provide counselling and related recourse measures and medical practitioners to carry out medical examinations should it be necessary.”

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Kadho also stated that all victims of violence are encouraged to open criminal cases with the police and individuals regardless of gender, they are entitled to a protection order which is granted by the court.

Both Key informants also narrated that when deemed necessary, victims of GBV are accommodated in a shelter house, where they receive counselling.

4.10 Accessibility to criminal justice system, support services and service delivery

When asked if women with disabilities have access to the criminal justice system and to key services for survivors or victims of gender-based violence, these were the responses:

Accessibility

Both social workers responded affirmatively that women with disabilities have access to the CJS and other key services for survivors or victims of GBV.

However, *Kadho* casted doubt on whether women with disabilities have access to critical information about available support systems because most information is disseminated by radio, print media and electronically, The modes that may not be accessible to women with certain disabilities.

Respondents with disabilities also responded positively to the question regarding access to the criminal justice system and other key services.

Service delivery

During their respective interviews, both Key informants narrated the procedure involved in when victims with disabilities turn up to lay cases of violence. It was told that the procedure involved is the same as for any other client.

Firstly, upon coming to the unit, a client reports his/her case to police officers. Police officers will take the client's statement and refer her to a social worker. If there is a need for a medical examination such as in cases of rape or physical assault, a social worker refers the client to the medical doctor for an examination and comprehensive report. A social worker then assesses whether the victim needs to be placed in a shelter or any other recourse has to be taken.

“Women with disabilities are assisted with sensitivity on their immediate safety. Therefore various options are explored for instance, to relocate a victim to any family member who the victim is comfortable with while the case is being finalized,” said Nadine.

Answering to the question on whether key informants have received any sign language training, both social workers indicated that neither during their training programs nor employment, have they received a Sign Language training.

It seems that it is upon an individual official assisting a client with hearing impairment to see to it how he/she will adequately assist the client. This was suggested by two officials interviewed reporting on how to deal with clients with hearing impairment. *Nadine* said she calls the school for the hearing impaired to provide her with a teacher to assist with interpretation. Whilst *Kadho* shared that she called CLASH office for assistance, she was referred to a private Sign Language interpreter.

Both key informants interviewed recounted that they do not experience challenges particular to assisting clients with disabilities. Thus, they both responded positively to rendering urgent, adequate and fair service to GBV victims with disabilities. Meanwhile, *Nadine* stated that should anyone be unsatisfied with service delivery at any government support system, he/she is free to report the case to the Ombudsperson office.

83% (N = 10) of respondents with disabilities expressed a no confidence in the CJS and gender-based violence Investigative Unit. Respondents asserted that it is difficult to get adequate and timely assistance. Respondents lamented that service provider's attitudes towards women with disabilities is negative and discouraging them from coming for assistance. In addition, respondents bemoaned that service providers at police stations and Gender-based Violence Investigative Units lack knowledge on how to cater for women with disabilities leading to inadequate service.

A disgruntled *Namasiku* narrated her ordeal that the police officers do not grant women with disabilities a fair hearing, resultant in the perpetrator getting away with the crime. She lamented that her case of abuse that is, financially and emotionally was not treated with urgency and fairness it deserved. Instead, it dragged on for too long until she gave up. *"I was treated like a kid. The Police officer would ask him to narrate his version of the story without giving me a fair chance to*

tell mine. He believed everything he said and downplayed my statement. I suspect perhaps they see each other in privacy.”

However, about 17% (N = 2) of respondents indicated that they receive satisfactory assistance from service providers. *Natasia* and *Nangombe*, told that women with disabilities are rendered a fair and urgent assistance when turn up at support systems. *“Yes. Even when I reported a case of physical violence by my ex-boyfriend the Police responded promptly,”* said *Natasia*. *“Yes. I suspect that perhaps is because they see that a person with a disability needs special assistance or I don’t know but I always get urgent and fair assistance”* told *Nangombe*.

Sign Language interpreters

All respondents with hearing impairment (100%, N = 4) lamented lack of Sign Language interpreters at key support services of gender-based violence such as police and Gender-based Violence Investigative Units. A situation they blamed for ineffectual communication and subsequent inadequate assistance by service providers. *Viyanda* narrated that *“every time I go to the Police station I have to make sure that I take someone with me that can communicate in Sign Language otherwise I will not be heard.”*

4.11. Response measures

Both Key informants responded negatively to the question seeking for opinions on whether there should be special safety and security as well as social welfare services in communities to protect and/or support women with disabilities who experience GBV.

Key informants recognize that victims with disabilities have special needs. However, they suggest that the current facilities should rather be modified so that they are made conducive for women with disabilities. *Nadine* argued that, “*society has already ostracized persons with disabilities by creating many social boxes. Sanctioning specialized institutions for victims with disabilities would just defeats the objective of an inclusive society.*”

Counselling

In response to the question ‘what can be done to respond to the needs of women with disabilities who experience gender-based violence?’, key informants narrated that victims of GBV are placed under counselling sessions to restore their self-esteem and normal livelihood. *Nadine* said, “*Victims of GBV not only those with a disability come here with low self-esteem. We therefore spend much time on restoring their self-belief.*”

Another measure is the relocation of a victim, from the abusive household to the care of another family member that a victim feels comfortable with *“women with disabilities are treated with sensitivity on their domestic sphere. If the threat is at home we seek for alternatives to relocate the client to live with another relative while the solution is being sought.”* said Nadine.

About 83% (N = 10) respondents with disabilities responded negatively to specialized services for women with disabilities. Consistent with key informants', they argue that specialized services will defeat efforts put in creating an inclusive society. Besides, interacting with other victims without disabilities present them with platforms to share experiences and learn from each other's' experiences.

“To be isolated again? No! Seclusion is what we are fighting against so specialized shelters would just widen the gap between us and society.” said Ndina (physically impaired).

Nangula (visually impaired) emphasised that *“Being integrated with fellows without disabilities we will interact and learn from each other experiences of life.”*

Namutenya motivated her preference that *“I prefer to live with other women without disabilities because it will give them an opportunity to learn that women with disabilities are just human beings like them. At the moment it is only our relatives and friends that know us better.”*

In contrast, 17% (N = 2, hearing and physical impaired) responded in support of specialized services for women with disabilities. They maintained that women with disabilities act independently when isolated with fellow women with disabilities. *“When assembled together we always feel free and happy. Integrating us with women without disabilities will just subject us to further discrimination”* said Nangombe.

4.12. Recommendations

Lastly, both key informants and respondents with disabilities were asked to state what they think can be done to reduce vulnerabilities of women with disabilities to gender-based violence and below is what was recommended:

Human rights awareness campaigns

About 83% (N = 10) of respondents with disabilities recommended widespread government-led awareness campaigns on disabilities, human rights and prevention of abuse of persons with disabilities. *“The government should delegate officials at annual commemoration of national and international days of disabilities to educate the public on human rights of women with disabilities.”* (Namasiku)

Promoting Accessible Services

Makena, Mpo, Namutenya and Viyanda (all hearing impaired) suggested for Sign Language interpreters to be stationed at every police station, Gender-based Violence Investigative Unit and other key government institutions to provide timely service and eliminate ineffectual communication between service providers and clients.

Bwiza recommended women with disabilities to enrol for Social Work courses. "A *Social worker with a disability would understand victims of GBV better because she has the experience of how it feels to having a disability herself.*"

Toll numbers

Nadine urged GBV victims that cannot reach out to Gender-based Violence Investigative unit or other support services to alert officials by calling to the following emergency numbers and they will be able to reach out to them: the Gender-based Violence Investigative Unit: 10111, the Ministry of Gender Equality and Child Welfare (MGECW): 106, or life line ChildLine: 116.

The criminal justice system

Natasia, Bwiza, Nangombe and *Makena* call for the criminal justice system to issue stiffer sentences to convicts of violence against women with disabilities. They argue that it would deter perpetrators from committing crimes against women with disabilities.

4.13. Conclusion

This chapter presented the findings of the study gathered during fieldwork. It was established that GBV against women with disabilities in Khomas region is a reality although the exact extent is hard to determine due to complicating variables involved in reporting of violent incidents. Data collected probed for vulnerabilities of woman with disabilities to GBV, forms of violence that women with disabilities experience and the play of socio-economic circumstances to the phenomenon.

This study also revealed effects of gender-based violence on women with disabilities particularly psychological, educational and economic impacts. The study revealed different impediments that confront victims of GBV in pursuit for freedom from violent relationships ranging from interpersonal relationships to social and economic facets.

Furthermore, research findings have explored and identified numerous support services at GBV victims' disposal. Lastly, the study sought disabilities-oriented recommendations to reduce gender-based violence against women with disabilities from both key informants and respondents with disabilities. The next chapter discusses the overall study.

CHAPTER 5

DISCUSSION

5.1. Introduction

Women do not form a homogenous group but constitute different social categories based on power relations, race, ethnic groups, economic status or disability. The extent to which violence impacts on women varies with social categories. The extent of discrimination and violence perpetrated against women with disabilities for instance, is unacceptable, intolerable and in violation of Article 5 of the CRPD (2006) that calls for equality and non-discrimination for persons with disabilities. It is therefore incumbent on a progressive society to do everything in its power to put an end to it. This chapter will specifically intertwine thoughts from local and international scholars reviewed, insights gained from the data and researcher's analyses in an in-depth discussion of vulnerabilities contributing to gender-based violence against women with disabilities in the Khomas region, Namibia.

5.2. Disability and violence against women

The inevitability of GBV against women with disabilities in the Khomas region reaffirmed by the study hinders all programs aimed at equalising opportunities for persons with disabilities. WHO (2015) reported that equality reduces risks to violence. It is thus imperative that specialised

interventions are sought to redress the inequality and realise envisaged equal social status for women with disabilities. In spite of the severity of the discrimination, the strength of the societal prejudice against women with disabilities, and the evidence of their own experiences, violence against women with disabilities is not recognized. It hardly features on the discourse of politicians, technocrats and social agents responsible for social welfare.

The silence of prominent legislative tools such as the Combating of Rape Act No 8 of 2000, Combating of Domestic Violence Act No 4 of 2003, the Vulnerable Witnesses Act No 24 of 2003, the Convention on Elimination of All Forms of Discrimination against Women (CEDAW, 1997) and its Optional Protocol and the Millennium Development Goals (2007) on the plights of women with disabilities is worrisome and to some is indicative of the insignificance of gender-based violence effects to the group in question. *The UN (2006) recognizes* the importance of equitable accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms. However, remedial measures to violence against women with disabilities face several structural and process barriers. These barriers could be reduced if all key institutions rendering basic services adhere to the universal design, as prescribed in the CRPD. Universal design” means the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. This also include the provision of assistive devices for particular groups of persons with disabilities

where necessary. Therefore, there is the need for concerted effort by policy makers to promote programs and policies which will provide protection for women with disabilities. This would curb the pervasive view that policies and service providers are insensitive of women with disabilities plights.

The adverse intersection of gender and disability prejudices succumb women with disabilities to an inferior social status. It is thus understandable that Helander (2007) posits that abused women have crushingly low self-esteem. For instance, when *Namasiku* was responding to the question of existing support services, she remarked that, “*even if you know them what would you do? You are disabled.*” The researcher could grasp the sense of submission to inferiority in respondents with disabilities discussion. Their responses denote worthlessness and insignificance for other people to guard them against violence. Perhaps many women with disabilities presume that the public including support systems are fully aware of discrimination they experience and purposely opt not to liberate them from abusive situations. Because many women with disabilities seem to have forgone their hope for freedom from abuse. For that, instead of narrating abusive incidents to support services for remedial measures, they instead share their experiences to fellow persons with disabilities that are often incapable to remedy the situation.

5.3. Attributes to increased vulnerabilities to gender-based violence

It is established that there is a glaring disparity between violence against women with disabilities and the general public prevalence rate of gender-based violence. The disparate is found to be rooted in several social and economic impairment related vulnerabilities. These include women with disabilities high illiterate rate, unemployment and dependency on others assistance for mobility and daily livelihood. So, the vulnerabilities for a woman with a physical disability that prevents her from physically escaping a violent situation are different as compared to a woman with a hearing disability, who might be able to physically escape the abusive situation, but then finds herself facing communication barriers in narrating the ordeal to institutions that are supposed to serve abused women. Similarly, women with visual impairment may have challenges in identifying a criminal but capable to narrate the incident to support service

Culture

Principally, our society failed to promote a concept of social cohesion and diversity. As Edwards-Jauch (2016) stated, culture espouse ideological norms and values employed to justify and legitimise structural violence and to make it seem so natural. It includes attitudes, ideas, religion, language and the epistemic privilege to certain forms of knowledge. Religious and political ideologies and belief systems that justify male domination and disability scorn are all culturally embedded and aimed at manufacturing the consent from the oppressed for their own oppression.

Instead of disability being taken as a feature of human difference, culturally espoused norms and values turn it into a discriminatory ground to ostracise those with disabilities.

Opoku, et al. (2016) posits that like other social movements of the excluded (and influenced by them) people with disabilities began to analyse their position in society. They reconceptualised disability as an oppressive power relationship. Consequently, this research is not entirely about women with disabilities, rather, it is for them to explore power structures and relations and listen to one another. It is to compare and contrast and then share the gender-based violence experience of women with different types of impairments. It is about experiences of disablism, sexism, power, control and identity in different socio-cultural contexts and how to deal with arising issues. It is about the constraining and enabling experiences of power relations in the lives of women with disabilities residing in the Khomas region, about increasing our knowledge and understanding, about facilitating learning from one another, and about using the research findings together to investigate, evaluate and develop options and alternative models for change and self-empowerment.

In reference to Thompson (2008) Feminist Disability theory, women with disabilities have settled with a lost identity of womanhood or motherhood as some of the impairments disable them from bearing children and perform some of the chores socially ascribed to females. These viewpoints

obscure women with disabilities' sense of their own femininity. These feelings contribute to an internalized oppression that can be understood as the way persons receive societal and media messages of diminished self-worth until it becomes internalized and part of the way that they view themselves. This internalized oppression contributes to why women with disabilities may view themselves as flawed, and not as socially desirable as their peers without disabilities. Onus is thus upon us to evolve our culture but with conviction that no one is being ill-treated.

Lack of no confidence in formal support systems of gender-based violence

The sense of no confidence in the CJS and gender-based violence support systems narrated by respondents with disabilities has probably stemmed from incidents of bad experiences with service providers. Although hostile treatment may have only been experienced by a few, information is shared and spread fast within the disability community. Although this improper conduct should not be generalised to all support systems service providers, women with disabilities need to be treated with urgency, fairness and with sensitivity on their unique vulnerabilities.

Lack of education

In spite of the high illiteracy rate amongst women with disabilities that limit women with disabilities access to critical information in certain formats, there is equally several alternatives

social agents responsible for social welfare can make use of to impart information to everyone. For instance, NSA (2016) reported that radio is the leading source of information in terms of accessibility to persons with disabilities. Regular broadcasting of programs particularly on women with disabilities and violence would sensitize women with disabilities about their wellbeing and enlighten the general public of their GBV lived experiences.

Social isolation

The study found that many women with disabilities either live alone or with fellow persons with disabilities. Social isolation expedites gender-based violence as perpetrators would capitalise on visual impairment incapability to identify perpetrators and hearing impaired ineffectual communication to support services. However, in many instances this vulnerability also stems as a result of other forms of violence such as domestic violence that force victims of violence out of their family houses to live alone.

Inaccessible services

Oliver (2008) asserts that the Critical Disability theory attributes social barriers persons with disabilities encounter to a system of deep structural economic, social, political, legal, and cultural norms that determine our physical environment. Therefore it is not surprising for the study to learn

that support systems physical structures are largely inaccessible to women with visual and physical impairment. This is inevitable that responsible entities are inconsiderate of human differences especially disability. For these reason, women with disabilities in abusive relationships would rely on family members, friends or acquaintances to access to these facilities. However, this could be uncomfortable to many women with disabilities as GBV is a sensitive matter and involving a third person would compromise on their privacy.

5.4. Forms of violence against women with disabilities

The forms of maltreatment and abuse against women with disabilities in comparison to women without disabilities varies in manifestation. Women with disabilities may, however, experience forms of abuse that overlap with forms of violence experienced by women without disabilities, as well as those that are particular to their specific disability. Forms of violence experienced may also vary between types of disabilities and yet, there are certain forms of violence that women with different disabilities share.

Although the domestic sphere is presumed to be the safest environment to women with disabilities, the study found the opposite. Mazars, et al. (2013) explained that the roots of domestic violence are also interrelated with various social challenges including unemployment, poverty, alcohol abuse and changing family and community norms. Domestic violence puts women with disabilities

in a precarious position as it is committed by the very persons that supposed to safeguard them and help them to support systems in times of violence. The women with disabilities restriction of movements by their male partners for instance, does not only inhibit them from socialising with other people but also limits the chances of discovering routes to autonomy from abusive relationships.

In support of Oliver Social Constructionism theory (2008), the violent nature of emotional violence is grounded in baseless social constructs invented to seclude community members with a disability. Even though psychological damage is less visible than a physical injury, it is no less a serious violation of human rights. Emotional violence succumb women with disabilities to low self-esteem, thereby creating a vulnerable situation to other forms of violence.

Economic violence

Andrae (n.d.) underscored that women with disabilities low position in the society minimizes their chances to pursue education and as result, deprives them of opportunities to possess required skills for decent employment. This indicates that the high unemployment rate women with disabilities experience is interlinked to other forms of violence and requires a wide range of interventions to redress. Financial independence helps abused women escape dependency on families and/or

partners. It elevates their status and changes people's attitudes and behaviour. Economic empowerment may also make gender-based violence less likely in the first place.

Sexual violence

Although it was only 14% (N = 2) respondents in the study reaffirmed sexual abuse, literature reviewed indicated that it is one of the common forms of violence women with disabilities experience. Mazars, et al. (2013) estimated that women with disabilities suffered an equal or up to three times greater risk of sexual violence compared to women without disabilities counterparts. The shame attached to sexual abuse especially contribute to the concealment of the act. Moreover, the negative perception attached to disability influences most men to shy away from accepting responsibility and taking care of both the mother and child. So, the practice does not only deprive children of father figures but also incur further economic pressure to mothers as they have to raise children single-handedly.

The pervasive stigma in sexuality is interrelated to the suppression of their feminine social roles including the ability to rear children, and undertake female related chores. On the basis of this fallacy, women with disabilities are rejected marriages and barred from raising their own children by their partners' families and own families respectively. This practice does not only disable

women with disabilities psycho-socially, but also deny them of their rights to founding families, as guaranteed in Article 23 of the CRPD (2006).

The interplay of women with disabilities internalised beliefs to violence and male partners' presumption that they have no other alternatives other than settle for violent relationships, have serious repercussions to women with disabilities. Andrae (n.d.) argued that women with disabilities are frequently considered as a burden by their families. Evidently, they are emotionally abused yet economically exploited to the benefit of their abusers. This kind of abuse instil some degree of sense in victims that perhaps it is impossible to live a violent free livelihood with a disability. Nevertheless, victims of violence fragmented self-esteem lead to much time of counselling sessions spent on restoring victims' self-confidence and dignity.

5.5. Effects of gender-based violence

Effects of gender-based violence range from psychological, physical, educational and economical. In some instances, physical abuse results in temporal or even permanent disabilities. Victims of GBV are also psychologically traumatized, a situation that requires lengthy and costly counselling interventions to redress.

The moving case narrated by *Kadho* of a woman she assisted a few years ago, whose visual impairment resulted from physical assault by her husband is just one of many more similar incidents that should serve as a reminder to perpetrators of violence that disability is not only vulnerable to violence but violence also causes disability.

5.6. Impediments or challenges to leaving abusive relationships

Some of the impediments to escaping abusive relationships narrated by respondents are generic to victims of GBV regardless of having a disability or not. However, women with disabilities are faced by additional barriers that are inherent to disability.

Although women with disability wish to liberate themselves from abusive relationships, in most cases they are less capable to report incidents of violence to family members, police or any other support system down to attitudinal barriers. Nekundi (2008) defines social attitude as “*a condition where a person with disability cannot live freely because of segregation and the tendency and attitudes of people to look at the person’s disability rather than looking at his or her ability.*” As *Bwiza* discussed, women with disabilities are anxious to go to support systems as they may become service providers laughing stocks which is humiliating. What’s more, prolonged abusive relationships cannot be attributed to a single force but rather to an intricate interplay of variables.

These include economic and impairment-related dependency, lack of information including human rights and available support systems, religious and cultural condemnation of divorce.

5.7. Access to the criminal justice system and support services and service delivery

Gender-based violence is a criminal act and infringes on the inalienable human rights of a victim as guaranteed by Article 8, (2), (b) of the Namibian Constitution (1990). The Article rules against any cruel acts, and any other degrading treatment. For these reasons, several support services are in place either to prevent it or resolve it at its earliest possible phase.

This study established that despite several barriers women with disabilities face in accessing gender-based violence support systems, their main concern lies with getting service from service providers. Sensibly, accessibility to service institutions without responding with relevant reactions is futile. Therefore, a low turnout of women with disabilities to support systems should be a matter of concern to institutions mandated to provide social welfare. In order to realize a high rate of women with disabilities turnout to gender-based violence support services, service providers need to be conscious of their conduct towards women with disabilities. Clients should be made to feel welcome and be treated like adults with dignity. Otherwise, pervasive service provider's attitudinal barriers will persist as women with disabilities main barrier.

It is also imperative to note that kinds of structural and process barriers found by the study, limiting women with disabilities access to support systems and or service like lack of Sign Language interpreters, lack of gender-based violence critical information in Braille, audio format and large print, inaccessible buildings, procedural constraints and so forth are not deliberate or liable to service providers. These are a result of systemic or structural fault. As Edwards-Jauch (2016) rightfully put it, structural violence is the precursor to other forms of violence as violence breeds violence that appears natural and where the perpetrators are difficult to identify. It is equally important to note that as much as some service providers handle women with disabilities like any other clients, there are also a few that out of their own discretion render them specialised assistance.

In view of the Critical Disability theory, there is a need for a holistic systemic streamline to have social impediments reformed to create an inclusive gender-based violence support system. In the meantime, for equitable access to support services, pragmatic provisions should be adopted to address the unique nature of women with disabilities cases. Their cases should be given preferential treatment and be extensively investigated with urgency and fairness to eliminate perpetrators' claims of obscurity on the ground of victim's impairment.

While this study has only focused on vulnerabilities of women with disabilities to GBV in the Khomas region context, the situation would be far worse to women with disabilities in rural areas due to poor road and transportation infrastructure, long distances to support systems and higher

poverty levels. This represents an important focus for further research on violence against women with disabilities.

5.8. Conclusion

This chapter analytically discussed the vulnerabilities of women to GBV in the Khomas region, Namibia. The researcher intertwined divergent insights as established through both literature and fieldwork. Particular themes namely, increased vulnerabilities to GBV, forms of violence, effects of GBV, barriers to support services, accessibility to support services of survivors or victims of GBV and service utilization were broadly discussed from the Feminist Disability theory, Critical Disability theory and the Social constructionism theory perspective. The next chapter presents the recommendations of the study and conclusion.

CHAPTER 6

RECOMMENDATIONS AND CONCLUSIONS

6.1. Introduction

This study produced peculiar knowledge about vulnerabilities faced by women with disabilities with regards to gender-based violence in the Khomas region. Onus is now upon stakeholders to see to it how best to utilise it, in the quest for women with disabilities quality livelihood. The chapter underscores the significance of integrating women with disabilities in mainstream endeavours initiated by governments, human rights organizations, development partners, and civil society to address violence against all women. The main aim of this chapter is to provide recommendations specific to a wide range of stakeholders, striving to reduce violence and discriminatory practices perpetrated against women with disabilities.

6.2. Recommendations

6.2.1. Promote accessibility to support systems

The study recommends that local authorities should enforce Universal Design on all public buildings including shelters for victims and survivors of gender-based violence as stipulated in Article 2 of the CRPD of 2006. The Convention calls for the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the

need for adaptation or specialized design. It is also recommended that the MGECW and stakeholders should develop programs and resources for women to recognize the heterogeneity of women and ensure that women with all types of disability are included in all measures concerning women. Material on gender-based violence should be available in Braille, on audiotape or in large font format, particularly accessible to women with visual impairment.

6.2.2. Support systems

Family members, guardians and caretakers of women with disabilities are urged to promote the care, education, rehabilitation and socialisation of women with disabilities, including helping them to remove the barriers to full participation in community activities and reach out to support services in times of human rights violation. Their exemplary services could serve as a motivating factor for the communities at large to follow. Family members uncertain of how to handle women with disabilities particular incidents should consult social workers or OPDs for orientation.

6.2.3. Social inclusion

In response to the study's finding that women with disabilities are neglected from partaking in public affairs, the study suggests that government consultative forums on formulation of policies and programs on gender should always include women with disabilities. Integrating women with

disabilities would yield representative views and will culminate in policies and programs with disabilities conscience. It is also suggested that the MGECW and stakeholders should regularly conduct workshops particularly for women with disabilities. With specific emphasis on gender-based violence, sexual and reproductive health issues and available support services.

6.2.4. Training institutions

Institutions of higher learning should conduct research studies on discrimination and abuse against women with disabilities, as well as a wide range of subjects particular to disabilities. Publicising scientific knowledge on disability would greatly improve the community understanding of disabilities and demystify myths and stereotypes invented against women with disabilities or disability in general.

It is also recommended that social workers and police training programs should include sign language and issues related to violence against women with disabilities in their curricula. These would attend to the overwhelming presumption that service providers lack the necessary attitude and knowledge to deal with clients with disabilities.

6.3. Conclusion

The purpose of this study was to scientifically explore and establish vulnerabilities faced by women with disabilities with regards to gender-based violence in the Khomas region, Namibia. Though under-reported, it was explicitly established both by literature reviewed and respondents that gender-based violence against women with disabilities exists in the Khomas region. It was also learnt that women with disabilities suffer double discrimination on the ground of gender and disability. The study identified social, economic and psychological vulnerabilities of women with disabilities, constituted by negative public perception of disabilities, limited education, distrust of and lack of confidence in the police and other support services. Furthermore, vulnerabilities pointed to cultural traditions, unemployment, alcohol and drugs abuse, isolation, structural barriers and lack of access to information about protective legislation and options for redress in the case of abuse.

Meanwhile, the study underscored several forms of violence generic to all women and sufferings particular to women with disabilities. Emotional abuse constitutes the primary violence women with different disabilities experience. Further violence revealed are neglect, restricted movements, domestic violence, stigma, financial exploitation, sexual abuse, rejection and physical abuse.

It was further revealed that women with disabilities endure prolonged abusive relationships due to over dependency on others (in some instances perpetrators of violence) for socio-economic support, lack of human rights knowledge, fear of perpetrator retaliation, as well as cultural and religious conscience. To these effects, women with disabilities suffer psychologically, as well as educational and economic deprivation.

Furthermore, the study looked at support services at gender-based violence victims or survivors disposals. Although the criminal justice system and gender-based violence investigative unit were pointed out as the main support services, women with disabilities' accessibility and utilization of these institutions is overshadowed by constraints. The research findings suggest that information often does not reach these women, whereas, services are inaccessible and inappropriate on a number of levels: physical, attitudinal, procedural and in terms of communication. To these effect, support systems and service providers do not have an adequate understanding of the experiences and needs of women with disabilities, the orientation and content of services is often inappropriate and inadequate.

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Appendix A: Permission letter from the University of Namibia

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park
☎ +264 61 206 3111; URL.: <http://www.unam.edu.na>



RESEARCH PERMISSION LETTER

Student Name: John Matsi
Student number: 200419706
Programme: MA Gender and Development (MA Sociology)

Approved research title: Vulnerabilities contributing to gender based violence (GBV) against women with disabilities in the Khomas region, Windhoek, Namibia

TO WHOM IT MAY CONCERN

I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

A handwritten signature in black ink, appearing to read "M. Hedimbi", is written over a horizontal line.

Dr M. Hedimbi
Director: Centre for Postgraduate Studies
Tel: +264 61 2063275
E-mail: directorpgs@unam.na

14/10/2017.....
Date

Appendix B: Participants' consent form

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM



TITLE OF THE RESEARCH PROJECT: VULNERABILITIES CONTRIBUTING TO GENDER-BASED VIOLENCE (GBV) AGAINST WOMEN WITH DISABILITIES IN THE KHOMAS REGION, WINDHOEK, NAMIBIA

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Johannes Matsi

ADDRESS: 2818, Erindi street, Wanaheda, Windhoek.

CONTACT NUMBER: 0811246075

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask me any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Research Ethics Committee at The University of Namibia and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Namibian National Research Ethics Guidelines.

- a) This research study is mainly about exploring, identifying and understand the nature of vulnerabilities that women with disabilities in the Khomas region face with regard to gender-based violence.

The research will be carried out in both the rural and urban areas of the Khomas region. The total number of respondents will be 14, consisted of two social workers from the Ministry of Gender Equality and Child Welfare and the Gender-based violence investigative unit, and nine women with disabilities, each three from Organization of visually impaired, hearing impaired and physical impaired respectively.

The findings of the research will provide information on the lived experiences of women with disabilities with regard to gender-based violence and could sensitize the Ministry of Gender Equality and Child Welfare to develop programmes and policies with a specific emphasis on women with disabilities. The study will also raise awareness of vulnerabilities faced by women with disabilities. In addition, the study will provide recommendations on how to reduce violence against women with disabilities at family, community and societal level.

A formal letter from the University will be shown to prospective respondents to assure them of the project legitimacy. Convenient time, date and venue will be agreed upon with those who consent to participate in the study. Data will be collected by means of face-to-face interviews that will be conducted in Oshiwambo or Afrikaans or English, giving preference to the participant's preference. Meanwhile, interviews with hearing impaired respondents will be recorded with a video camera and conducted with the assistance of a Sign Language interpreter, who will act as a linkage between the interviewer and respondents by translating questions and responses through Sign Language to verbal respectively.

Data will be transcribed into word documents verbatim and analysed separately.

A debriefing session will be arranged after completion of the first phase of data collection to ensure that participants receives feedback and also have the opportunity to edit or explain meanings to the data.

- b) You are invited to participate in this project because you met the respective description of potential informants desired for the study. As the study specifically attempts to obtain information from women with visual, hearing and physical impairment, a section of society perceived to be vulnerable to gender-based violence as well as social workers working for the Ministry of Gender Equality and Child Welfare and the Gender Investigative Unit as these institutions' functions largely deal with gender-based violence cases.
- c) You are urged to provide honest information greatly looked-for by this study.

The interview will last about 15 to 20 minutes.

- d) I will incur all costs involved in the research process. Meaning, no cent will be demanded from you as a result of participating in this study. Moreover, the study has no monetary or material benefits of any kind to participants. However, women with disabilities in general are potential beneficiaries as findings of this research may influence government's policies and programs in dealing with women with disabilities.
- e) You are reassured that no harm may result from partaking in this study as no physical or psychological experiment or medication will be administered on you. However, you are urged to remain impassive as recalling and relating to accounts of violence can be emotionally moving.
- f) Should you decide not to take part in the study, I suggest you make your knowledge on the lived experience of women with disabilities with regards to gender-based violence known to

the public by any mean you are comfortable with such as writing articles to newspapers and so forth.

Due to the secrecy of the research topic, data collection materials used in the project a voice recorder and video camera will be stored in a lockable cabinet to avoid leakage of information and be erased at least after four years. You are reassured that collected information will only be used for academic purposes and no one else apart from my University lecturers will have access to them. Furthermore, your right to privacy will be highly guaranteed and when quoted in the thesis which will be available to the public, pseudonyms will be used. The presence of the research- assistant is to support me because of the visual impairment and will in no way compromise the confidentiality. The research-assistant will also sign the declaration of commitment to confidentiality.

It is your own choice to decide whether there is anyone you want to inform about your participation in this study.

Finally, you can contact my supervisor, Dr C. K. Haihambo at tel +264 061 2063785 if you have any further queries or encounter any problems.

Otherwise, you can also contact the Health Research Ethics Committee at +264 061 2063061 if you have any concerns or complaints that I have not been adequately addressed.

You will receive a copy of this information and consent form for your own records.

Respondents with visual impairment will be provided with brailled documents to assure self-reliant reading.

g) Declaration by participant

By signing below, I agree to take part in a research study entitled vulnerabilities contributing to gender-based violence (gbv) against women with disabilities in the khomas region, windhoek, namibia.

I declare that:

- h) I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- i) I have had a chance to ask questions and all my questions have been adequately answered.
- j) I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- k) I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- l) I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) on (date) 2017.

.....

Signature of participant

.....

Signature of witness

Declaration by investigator

I Johannes T. Matsi declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (If an interpreter is used then the interpreter must sign the declaration below.

Signed at (place) on (date) 2017.

.....

Signature of investigator

.....

Signature of witness

Declaration by research- assistant

I (name) declare that:

- I assisted the investigator Johannes T. Matsi during the interview with (name of participant), to capture visual gestures, taking notes, guidance to venues of interviews and so forth.

Signed at (place) on (date) 2017.

.....

Signature of research- assistant

.....

Signature of witness

Declaration by interpreter/Sign Language interpreter

I (name) declare that:

- a) I assisted the investigator Johannes T. Matsi to explain the information in this document to (name of participant) using the language medium of (Oshiwambo, Otjiherero, Afrikaans, Sign Language, etc.)

Signed at (place) on (date) 2017.

.....

.....

Signature of interpreter/Sign Language interpreter

Signature of witness

Appendix C: Interview guide for respondents

Interview Guide for a Study Titled: VULNERABILITIES CONTRIBUTING TO GENDER BASED VIOLENCE (GBV) AGAINST WOMEN WITH DISABILITIES IN THE KHOMAS REGION, WINDHOEK, NAMIBIA

Name of Researcher: Mr. Johannes Matsi

Master of Arts (Gender and Development Studies: University of Namibia

Dear Participant

I am Johannes Matsi. A Master of Arts (gender Studies) student at the University of Namibia. I am conducting research on the vulnerabilities of women with disabilities to gender-based violence. This research is part of my studies. The aim of the study is to explore, identify and understand the nature of vulnerabilities that women with disabilities in the Khomas region face with regard to gender-based violence.

The information collected will be purely for research purposes and will be treated with confidentiality. Because I am having visual impairment, I will be making use of a research assistant who will help me collecting information from you. Please be assured that the information we collect will not be shared with any unauthorized parties. We will also make use of codes and/or pseudonyms (other names we allocate to you) in order to ensure that the information you share cannot be linked to you in any way. Where I will be asking for your actual names and details, it is merely for follow-up purposes and this information will be kept highly confidential.

In addition, we would also like to make use of a video and audio-recorder to capture our discussion. These tools will help me to understand and interpret the data better as I will be able to listen to it again and again. In case we use sign language, the interpreter will watch the video again and again in order to tell me exactly what your opinions are.

Please feel free to answer all the questions as honest as possible and when you need clarifications, we will be happy to respond to your requests and concerns.

While I appreciate your participation in this study, I also have to inform you that your participation is voluntary and there are no financial gains on my or your side. You are free to withdraw from the study at any time you feel uncomfortable or are no longer willing to continue.

Now take time to think about your participation.

I am now asking you: Are you willing to participate in this study:

Yes

No

If yes, please sign or put your fingerprint next to this statement:

Are you giving me permission to use a video and audio recorder?

Yes

No

If yes, please sign or put your fingerprint next to this statement:

I, Am willing to participate in this study out of my own will.

I have given/ have not given permission to the researcher to record the interview using audio or video recorders.

Signature:

Before I start asking you the interview questions, do you have anything you would like to ask?

Respondent number/ Code

Name of Interviewer:

Communication format of interview (face-to-face oral interview/ oral supported by sign language, etc.)

Language of interview: English/ Oshiwambo/ Afrikaans

Was interpreter or translator used? Yes/ No

If yes, write down the name of the interpreter/ translator:

Section A:

Demographic information

1. Sex of the respondent

Male	1
Female	2

2. Age at last birthday

3. Marital status

Never married	1
Married	2
Widowed	3
Separated/Divorced	4
Others specify	5

4. Level of education

Never been to school	1
Completed Primary education	2
Completed Secondary education	3
Tertiary education	4
Bachelor degree	4.1
Master Degree	4.2
Doctoral Degree	4.3
Other: Specify:	5

5. Types of disabilities

Visual impairment	1
Hearing impairment	2
Physical impairment	3

6. Occupation

Employed	1
Unemployed	2
Student	3
Others specify	4

7. Home language

Damara/ Nama	1
Otjiherero	2
Oshiwambo	3
Afrikaans	4
Rukwangari	5
Silozi	6
Sign Language	7
Others specify	8

Now that we have determined the demographic information about you, we are proceeding to questions more specific to gender-based violence. Feel free to share your personal experiences in when answering these questions. But you can also answer based on experiences of other women with disabilities you know.

Section B:

1. Does gender-based violence against women with disabilities exist in the Khomas region?

.....

2. What are the lived experiences of women with disabilities with regard to gender-based violence?.....

.....

.....

3. What do you think makes women with disabilities more vulnerable to gender-based violence compared to men with disabilities?.....

.....

4. What forms of gender-based violence do women with disabilities experience?

.....

.....

.....

5. Which social factors do you think make women with disabilities vulnerable to gender-based violence?.....

.....

6. What specific factors make women with disabilities in the Khomas region vulnerable to gender-based violence?

7. How does gender-based violence affect women with disabilities?

7.1 How does it make them feel?.....

7.2 How does it affect their education?.....

7.3 How does it affect their employment?.....

8. What support systems are available for women with disabilities experiencing gender-based violence?.....

9. How easy or how difficult is it for women with disabilities to get assistance when they experience gender-based violence? Can you give me some examples?.....
.....

10. Why do women with disabilities not end relationships in which they are being mistreated?

Prompt: What makes it difficult for them to leave abusive relationships?

You may refer here to relationships with:

10.1 Life partners (marriage or love relationships).....

10.2 Caregivers and assistants.....

10.3 Family members.....

10.4 Others: specify.....

11. Do women with disabilities have access to the criminal justice system and to key services for survivors or victims of gender-based violence?

*Prompt: Is it easy for women with disabilities to report cases of gender-based violence to the Police and other support services? What makes it easy or difficult for them to report such cases?.....
.....*

12. What happens after women with disabilities report such cases? Do they get help?

12.1 Do you think they are treated fairly?.....
.....

12.3 Do you think their issues are treated with the necessary urgency and “speciality” they deserve?.....
.....

13. What can be done to reduce vulnerabilities of women with disabilities to gender-based violence?.....
.....

14. What can be done to respond to the needs of women with disabilities who experience gender-based violence?.....
.....

15. Do you think there should be special safety and security as well as social welfare services in communities to protect and/or support women with disabilities who experience gender-based violence?

15.1 If yes, please describe the type of services you would like to see.....

15.2 If no, please justify your answer.....

We are approaching the end of our interview.

16. Is there anything else you would like to share with me about women with disabilities and their experience of gender-based

violence?.....
.....

Thank you very much for your contributions. Please feel free to contact me if you want to change anything you have said or if you remember anything you would like to add.

Appendix D: Interview guide for key informants

Interview Guide for Professionals (social workers) number/ Code

Name of Interviewer:

Communication format of interview (face-to-face oral interview/ oral, etc.)

Language of interview: English/ Oshiwambo/ Afrikaans

Was interpreter or translator used? Yes/ No

If yes, write down the name of the interpreter/ translator:

Section A:

Demographic information

1. Sex of the respondent

Male	1
Female	2

2. Age at last birthday

3. Marital status

Never married	1
Married	2
Widowed	3
Separated/Divorced	4
Others specify	5

4. Level of education

Completed Secondary education	1
Tertiary education	2
Bachelor degree	2.1
Master Degree	2.2
Doctoral Degree	2.3
Other: Specify:	3

6. Employer

Gender based investigative unit	1
Ministry of Gender and Child Welfare	2

7. Home language

Damara/ Nama	1
Otjiherero	2
Oshiwambo	3
Afrikaans	4
Rukwangari	5
Silozi	6
Sign Language	7
Others specify	8

Now that we have determined the demographic information about you, we are proceeding to questions more specific to gender-based violence. Feel free to share your personal experiences in when answering these questions. But you can also answer based on experiences of other women without disabilities you have worked with.

Section B:

4. Does gender-based violence against women with disabilities exist in the Khomas region?

.....

1.1 If yes, how often do you receive cases from visually, physically and hearing impaired women?

1.2 Would you rank these type of disabilities in terms of vulnerability to violence depending on the frequency of cases you receive?

.....

5. What are the lived experiences of women with disabilities with regard to gender-based violence?

.....

6. What do you think makes women with disabilities more vulnerable to gender-based violence compared to men with disabilities?

.....

.....

4. What forms of gender-based violence do women with disabilities experience?

5. Which social factors do you think make women with disabilities vulnerable to gender-based violence?

6. What specific factors make women with disabilities in the Khomas region vulnerable to gender-based violence?

7. How does gender-based violence affect women with disabilities?

7.1 How does it make them feel?

7.2 How does it affect their education?

7.3 How does it affect their employment?

8. What are the procedures involved when a women with disabilities comes to report her case of violence?

9. Do you have any challenges when dealing with cases of woman with disabilities?

9.1 What are the remedies to these Challenges?

10. Have you receive any sign language training?

11. What support systems are available for women with disabilities experiencing gender-based violence?

12. How easy or how difficult is it for women with disabilities to get assistance when they experience gender-based violence? Can you give me some examples?

13. Why do women with disabilities not end relationships in which they are being mistreated?

Prompt: What makes it difficult for them to leave abusive relationships?

You may refer here to relationships with:

13.1 Life partners (marriage or love relationships)

13.2 Caregivers and assistants

13.3 Family members

13.4 Others: specify

14. Do women with disabilities have access to the criminal justice system and to key services for survivors or victims of gender-based violence?

Prompt: Is it easy for women with disabilities to report cases of gender-based violence to the Police and other support services? What makes it easy or difficult for them to report such cases?

14.1 What happens after women with disabilities report such cases? Do they get help?

14.2 Do you think they are treated fairly?

14.3 Do you think their issues are treated with the necessary urgency and “speciality” they deserve?

15. What can be done to reduce vulnerabilities of women with disabilities to gender-based violence?

16. What can be done to respond to the needs of women with disabilities who experience gender-based violence?

17. Do you think there should be special safety and security as well as social welfare services in communities to protect and/or support women with disabilities who experience gender-based violence?

17.1 If yes, please describe the type of services you would like to see.

17.2 If no, please justify your answer.

We are approaching the end of our interview.

18. Is there anything else you would like to share with me about women with disabilities and their experience of gender-based violence?

Thank you very much for your contributions. Please feel free to contact me if you want to change anything you have said or if you remember anything you would like to add.