Determinants of Gender Based Violence Against Women with Disabilities in Rwanda. A Case of Gakenke District

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Abstract*: Women and girls with disabilities are doubly discriminated by gender inequality and by their impairments. They are challenged by sexual abuse and violence perpetrated by intimate partners and/or non- partners. As none should be left behind, this present research analyzed the determinants of gender based violence against women with disabilities in Rwanda using a case of Gakenke District in order to provide recommendations tackling GBV against women with disability. The null hypothesis of the research was H_0: Ignorance and social stigma are not the main drivers of gender based violence against women with disability in Gakenke district. The research was qualitative and the data was collected through a questionnaire and focus group discussions and computed using Microsoft Excel. A sample of 94 respondents was selected from a population of 1484 women and girls with disabilities. Other persons involved in the research are 64 local administrative leaders and staffs. The results of the study revealed that for rights awareness, the results indicate that 51.1% of women with disability are not aware of their rights/freedoms; and the society does not recognize women and girls with disability as having all those rights/ freedoms as affirmed by respondents at 98.8%. On social integration, the research found that the level of participation is too low. It ranges from 18% for public meeting to 3% in saving associations. On economic integration, the results indicate that 93.9% of women with disability do not run any economic activity; and have zero income per month. For the sexuality perception by the community, 96.3% of women with disability indicate that a marriage between a man without disability and a woman with disabilities is seen as an abnormal situation. Concerning the ability to self-defense, 87.8% prefer to remain at home and never travel for avoiding GBV. For duty bearers' awareness, the results indicate that 46.3% of women with disability ignore them totally while 32.9% have a confused idea calling all of them leaders without clear categorizations. Based on these results, the null hypothesis was rejected; and the study accepted the alternative hypothesis. The research recommended synergy of all institutions such public, private and civil society as the foundation of GBV prevention and response among women with disability.

***Key Words*: Disability, duty bearers, economic integration, gender- based violence, rights, self- defence, sexuality, social integration, women with disability.**

I. BACKGROUND OF THE STUDY

The WHO and the World Bank estimate that 15% of people worldwide are persons with disabilities; and women with disabilities account for 19.2% of the total population of women around the world; whereas it is 12% for men (WHO & World Bank, 2011). United Nations General Assembly reported in 2017 that women and girls with disabilities experience gender-based violence at disproportionately higher rates and in unique forms owing to double discrimination and stigma based on both gender and disability. The report affirms that they experience domestic violence at twice the rate of other women and they also experience forms of violence specifically because of their disability, including isolation, violence in institutions and the withholding of medication and mobility, vision and hearing aids. In fact, women and girls with disabilities are highly subjected to forced medical treatment and reproductive health procedures without their consent (UN, 2017). Sexual abuse and violence against women and girls with disabilities is a global phenomenon and its current status contradicts the expected results from widespread conventions such as: Ratification of the Convention on the Rights of Persons with Disabilities (UN, 2006), the Convention on the Elimination of All forms of discrimination against Women (UN, 1979) and the Convention on the rights of the Child (UN, 1989). To date 147 countries over the world have ratified the UNCRPD; however most have failed to respect their obligations towards their disabled citizens.

Africa presents similar situation: the Sweden's government agency for development cooperation (SIDA) reported in 2015 that women with disabilities face significantly difficulties - in both public and private spheres. They are at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation. Every minute more than 30 women are seriously injured or disabled during labor and those 15-50 million women generally go unnoticed. They face difficulties in attaining access to adequate housing, health, education, vocational training and employment, and are more likely to be institutionalized. They also experience inequality in hiring, promotion rates and pay for equal work, access to training and retraining, credit and other productive resources, and rarely participate in economic decision-making (SIDA, 2015).

This situation for Africa presents similarities with global crisis where conventions have been well defined and yet the results continue to be alarming. In fact, the Maputo Protocol was adopted on 11 July 2003 as including specific measures on the

protection of rights of women with disabilities. The Protocol reiterate the Recommendation 19 of CEDAW Committee stipulating that the Convention imposes obligation for the prevention, investigation, prosecution and punishment of such acts of violence based on gender. The Convention signed in 1979 recommended that "State parties must take reasonable steps to prevent human rights violations, investigate, impose the appropriate punishment and provide adequate redress to the victims" (UN, 1979).

Rwanda is not exception to this African and global crisis of sexual abuse and violence against women and girls with disabilities. The latest National Census of People with Disabilities in Rwanda conducted in 2010 by the Ministry of Local Government (MINALOC) conjointly with African Decade of Persons with Disabilities and Rwanda National Decade Steering Committee 2010 gives the current situation of women and girls with disabilities in Rwanda. The census views poverty as both a cause and an effect of disability. The genocide and the war contributed enormously to increase the number of people with disability. The Census recognizes social exclusion as widely used in Rwanda. People with disabilities are seen as objects of charity. They are underestimated and overprotected, and their potential and abilities are not recognized. Disabled children are seen as a source of shame and often hidden away.

Disabled women find it difficult to get married. People with disabilities suffer discrimination in employment. Disabled family members are sometimes passed over in matters of inheritance. Land and assets are given to others who are deemed to be able to make better use of them, thus leaving the disabled person dependent on family to support them and removing the opportunity for them to lead independent lives. Negative attitudes are particularly strong towards those with severe disabilities, people with intellectual and learning disabilities, blind and deaf people (MINALOC, 2010).

Leave no one behind is the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). Women with disability need to be included in all spheres of societal life. But this integration requires an assessment of determinants of gender based violence that challenge women with disability in order to set measures to eliminate them for an improved life where women with disability are not left behind. This is the aim of this research conducted in Gakenke district in Rwanda.

II. STATEMENT OF THE PROBLEM

Researchers showed that women with disability lag behind other people in all spheres of life. They are not integrated in school: the United Nations Development Programme statistics show that just 1% of women with disabilities are literate. According to the report, in developing countries, 90% of children with disabilities do not attend school. Global estimates indicate that only 41.7% of girls with disabilities have completed primary school. Children with disabilities have lower transition rates to higher levels of education. The results are that only 25% of women with disabilities are in the workforce worldwide (WHO, 2011). More acutely for Africa, people with disability tend to belong to the poorest strata in society. It is estimated that on average, less than 2% of People with Disability in Africa enjoy primary school education and that there are no real opportunities for rehabilitation (EAC Secretariat, 2012). In Rwanda, 49.6% of females with a disability have never attended school. Overall, in 2015, children with disabilities comprised 0.8% of all children at pre-primary school, 0.8% of all children at primary school, and 0.9% of all children at secondary school. The reasons of low education inclusion of PWDs include the costs of transport, physical barriers in school, the lack of capacity of teachers to support children with disabilities, shame, and the belief that many disabled children would never be able to benefit from school. Schools do not receive any additional support for children with disabilities: capitation grants from the state to schools are the same value for all children. Furthermore, within the Ministry of Education, there is only one staff member responsible for special education (NISR, 2012).

Their lack of education and attitudes towards women often hinder their access to more formal or lucrative employment or building up their enterprises. And this increase their exposure to gender based violence. Global data on gender-based violence against women with disabilities is limited, which in itself speaks to the global inertia on this invisible crisis. The limited data available suggests higher risks for women with impairments. The Working Group on Violence Against Women with Disabilities, 'Forgotten Sisters' (2012) cites international studies which have concluded that women with disabilities suffered an equal, or up to three times greater risk of rape, by a stranger or acquaintance, than their non-disabled peers. Factors that increase the vulnerability of PWDs are multifaceted: (i) Gender role attitudes are one of the key determinants that increase GBV vulnerability among women with disabilities. Several societies control the sexuality of women with disabilities through practices such as institutionalization, forced sterilization and marriage restriction. (ii) The social context of disability is yet another key exposure to GBV among PWDs. Disabilities that require dependency on others for support are exploited by perpetrators to exercise power and control, which increases vulnerability to GBV. (iii) Structural barriers increase the vulnerability to GBV among PWDs. Such structural barriers include lack of access to resources and support systems, lack of political attention on GBV in PWDs, inadequate training for service providers and lack of knowledge on existing services and inaccessibility of services by PWDs.

Effective measures face gender based violence challenging women with disability require deep assessment of the determinants of GBV against women with disability specific to a society or a portion of the society in order to get insight about the root causes of the issue and appropriate mechanisms to handle it. It is in this line that this research was conducted in Gakenke District in Rwanda.

III. RESEARCH OBJECTIVES

The general objective of this study is to assess the determinants of gender based violence against women and girls with disabilities in Gakenke district. Specifically, the research assessed the factors leading women and girls with disabilities to sexual abuse and violence in Gakenke district; and ended by proposing corresponding mechanisms toward a society where none is left behind in terms of rights.

IV. RESEARCH HYPOTHESIS

H0: Ignorance coupled with social stigma are not the main drivers of gender based violence against women with disability in Gakenke district.

V. RESEARCH SCOPE

Geographically, the research was carried out in Gakenke District, one of the five districts of the Northern Province. It borders with Rulindo District at its Eastern side, Burera and Musanze Districts at its North, Nyabihu District at its West, at the South by Kamonyi and Muhanga Districts. It is composed by 19 sectors. The District accounts for 7598 women and girls with disabilities aged five and above. Over 19 Sectors composing the District, the research was conducted on 3 Sectors such as Kamubuga accounting for a highest score of 775 women and girls with disabilities; Minazi Sector accounting for a lowest score of 204 women and girls with disabilities; and Muzo accounting for intermediate with 505 women and girls with disabilities. This is due to time and financial constraints (NISR, 2015).

VI. LITERATURE REVIEW

6.1. Disability models

People use a variety of models to obtain a clearer understanding of a problem or the world around them. Models of Disability are tools for defining impairment and, ultimately, for providing a basis upon which government and society can devise strategies for meeting the needs of disabled people.

Medical model of disability

According to medical model, disability is innate in the individual with impairment. In other words, if one has impairment, then one has a disability in the sense of being unable to do something. The medical model espouses to the belief that the solution lies in rehabilitating the individual with impairment and nothing else. This model is now outdated and has been replaced by the social model of disability (Jackson, 2018).

Social model of disability

The social model of disability identifies systemic barriers, derogatory attitudes, and social exclusion (intentional or inadvertent), which make it difficult or impossible for disabled people to attain their valued functionings. The social model of disability seeks to redefine disability to refer to the restrictions caused by society when it does not give equitable social and structural support according to disabled peoples' structural needs. According to Jackson (2018) persons are not disabled simply because they have impairment. The social model states that disability is a result of the interaction between a person with impairment and attitudinal and environmental barriers. It recognizes the role played by factors internal to the individual (impairment) and factors external to the individual (attitudinal and environmental barriers). The UNCRPD is based on the social model. In paragraph "e" of the preamble to the UNCRPD, it is stated that disability results from the interaction between persons with impairment and attitudinal and environmental barriers which hinder their full and effective participation (UN, 2006).

Charity model of disability

The 'charity model' of disability sees people with disability as in need of 'help', unable to do things for themselves. While many charities offer vital support, much traditional fundraising emphasised the helplessness of people with disability and risked undermining their autonomy, independence and rights. Charitable model views people with disability as being vulnerable, and reliant on people without disability to perform certain tasks. According to this model, people with disabilities are often treated as objects of charity and pity. The charity model is an older and outdated model of disability (Mugabi, 2017).

Rights-based model of disability

The human rights model, as the name suggests, is based on basic human rights principles. It recognizes that: Disability is a natural part of human diversity that must be respected and supported in all its forms. People with disability have the same rights as everyone else in society. Impairment must not be used as an excuse to deny or restrict people's rights. A rights-based approach: Integrates international human rights and humanitarian law norms, standards and principles into plans, policies, services and processes of humanitarian intervention and development related to violence against women. This model is multi- sectoral and comprehensive.

6.2. Classification of people with disabilities in Rwanda

In Rwanda there are two types of classification of persons with disabilities. Persons with disabilities are classified by types of disabilities and by the degree of the disability they have. Reference to the article 2 of the Ministerial order N° 20/18 of 27/7/2009, people with disabilities is classified into five main types of disabilities including: Physically persons with disabilities; Sight-impaired persons; Deaf-and-dumb persons or persons with either of these disabilities; Mentally persons with disabilities; Other persons with disabilities not specified in the above categories approved by the Medical committee. The table 1 gives the classification of people with disabilities according to their type of disability. The article 3 of the same ministerial order provides classification of persons with disabilities by degree of disabilities including: between 90 and 100%; between 70 and 89%; between 50 and 69%; between 30 and 49%; below 30%. It is provided in the ministerial order that after classification into one of this category the person with

disability is provided with the disability card that should specifically be used for social benefits provided in disability laws and policies including access to health insurance and health care services, and education (MINALOC, 2016).

Classification of people with disabilities in Gakenke district

The statistics of women and girls with disabilities compare to men's are summarized by the following table 1. According to the table, three sectors present the highest prevalence of disabilities: Janja with 8.2%, Kamubuga with 7.9% and Karambo with 6.6%. The lowest prevalence is found in four sectors: Nemba with 3.3%, Rushashi, Minazi and Cyabingo with 3.4% each. The research was conducted in Kamubuga as one among three sectors with highest prevalence of disability; Minazi, as one among sectors with the lowest prevalence and Muzo which is a sector with intermediate prevalence of disability. Considering the category sex, the table shows that the number of women and girls with disabilities is superior to men's.

Table 1: People with disabilities aged 5 and above by sex and by sector of Gakenke district

Sector of residence	Total population	Persons with disabilities			Prevalence of disability
		Male	Female	Both sexes	
Rwanda	8,975,946	221,150	225,303	446,453	5.0
Northern province	1,495,710	31,407	33,768	65,175	4.4
Gakenke district	**294,075**	**6,866**	**7,598**	**14,464**	**4.9**
Gakenke sectors					
Busengo	17,441	451	507	958	5.5
Coko	14,349	240	260	500	3.5
Cyabingo	15,521	286	242	528	3.4
Gakenke	19,679	420	534	954	4.8
Gashenyi	17,504	370	439	809	4.6
Janja	13,772	504	621	1,125	8.2
Kamubuga	**17,556**	**618**	**775**	**1,393**	**7.9**
Karambo	10,604	333	372	705	6.6
Kivuruga	15,830	393	426	819	5.2
Mataba	12,415	379	409	788	6.3
Minazi	**11,677**	**195**	**204**	**399**	**3.4**
Mugunga	16,646	519	516	1,035	6.2
Muhondo	17,646	333	327	660	3.7
Muyongwe	13,518	304	359	663	4.9
Muzo	**18,376**	**451**	**505**	**956**	**5.2**
Nemba	13,696	224	229	453	3.3
Ruli	16,398	268	282	550	3.4
Rusasa	15,711	313	318	631	4.0
Rushashi	15,736	265	273	538	3.4

Source: NISR, 2015.

6.3 GBV against women and girls with disability

According to (MINIJUST, 2015a), sexual violence and abuse is a significant problem in Rwanda. Two in five women (41%) have suffered physical violence at some point since age 15; one in five women has ever experienced sexual violence. Women with no education are twice as likely to have experienced physical violence as women with secondary or higher education. The causes of violence combine impairments, gender and age, low self-esteem and poverty that puts women and girls with disabilities in vulnerable social and economic positions where they may be coerced or agree to sex for money. Those who have visual, hearing or mental/intellectual disabilities suffer additional injustice as they are unlikely to be able to communicate what has been done to them or identify their abuser. Access to sexual health information and services for girls and women with disabilities is a similar challenge. Communication issues may prevent clients with disabilities accessing a full range of services (MINIJUST, 2015a).

Types of GBV against women with disability

World Health Organization (2016) defines sexual abuse and violence against women as any act of violence based on gender resulting in physical, sexual or psychological harm or suffering to women. Such acts include and are not limited to the following: physical, sexual and psychological violence within the family; child sexual abuse; dowry-related violence; marital rape; female genital mutilation; rape and sexual abuse; sexual harassment in the workplace and educational institutions; trafficking in women; and forced prostitution (UN, 1993; WHO, 2016).

Causes of GBV against women and girls with disabilities

The causes of sexual abuse and violence perpetrated against women and girls with disabilities can be classified into the following categories: individual determinants, Institutional Influences, Societal Influences.

Individual determinants

Researchers affirm that violence perpetrated against women and girls with disabilities is linked to individual characters and different positions are developed: Zurbriggen (2000) found that violence is motivated by needs of men to dominate women. Evolutionary perspective views consider men as motivated to pregnant women whatever their physical situation (Browne, 2006). Olszewski, (n.d) attributes violence to a result of use of alcohol and drugs. Psychiatrics found that violence is linked to psychological disorders (Voller, 2014). Physiology and neurophysiology attributes violence and aggression to the intervention of hormones such as testosterone; neuroanatomical abnormalities; neurophysiological abnormalities; and brain dysfunctions that interfere with cognition or language processing (Monopka, 2015).

Institutional Influences

Quadara (2017) found that institutions such as family, schools, media and religion may influence sexual abuse and violence

against women and girls with disabilities particularly. According to the study, sons of violent parents are more likely to abuse their intimate partners than boys from nonviolent homes. Studies of violent criminals and violent sex offenders have found these men are more likely than other adults to have experienced poor parental childrearing, poor supervision, physical abuse, neglect, and separations from their parents. Schools reinforce sex role stereotypes and attitudes that condone the use of violence they may contribute to socialization supportive of violent behavior. Pornography in media encourages the objectification of women and endorses and condones sexual aggression toward women (Quadara, 2017).

Societal Influences

World Health Organization (2009) reported that there are some cultures and societal norms that support sexual abuse and violence against women in general, and women and girls with disabilities in particular. For instance, traditional beliefs that men have a right to control or discipline women through physical means makes women vulnerable to violence by intimate partners (WHO, 2009).

Cultural Mores

A review of 14 different societies by Counts et al. (1992) found that physical chastisement of wives was tolerated in all the societies and considered necessary in many societies.

Consequences of sexual abuse against women and girls with disabilities

The consequences of sexual abuse and violence against women are far broader than the impact on women victims. According to National Sexual Violence Resource Center (NSVRC) (2016) violence against women and girls with disabilities affect victims, their families, their friends, their children, the society, the economy.

Consequences to victims

Both rape and intimate partner violence are associated with a host of short- and long- term problems, including physical injury and illness, psychological symptoms, economic costs and deaths. Physical consequences include physical injury, death, bruising, bleeding (vaginal or anal), difficulty walking, soreness, broken or dislocated bones, sexually transmitted infections and diseases, pregnancy. Mental consequences include post-traumatic stress disorder, depression, suicidal thoughts or attempts. Emotional consequences include changes in trusting others, anger and blame, shock, numbness, loss of control, disorientation, helplessness, sense of vulnerability, fear. Other consequences include feeling negative outlook or unworthy of a better life, drug or alcohol abuse, having trouble with their menstrual cycle and fertility, chronic fatigue, shortness of breath, muscle tension, involuntary shaking, changes in eating and sleeping patterns, sexual dysfunction (NSVRC, 2016).

Consequences to families and friends

Children in families in which the woman is battered are at risk of both physical and sexual abuse. Physical and sexual assaults may also affect other family members and friends, making them into secondary victims. Some rape victims also experience sexual dysfunction and difficulties with interpersonal relationships, both of which can have negative effects on their family relationships. Sexual dysfunction may be long lasting (The Centers for Disease Control and Prevention, 2010).

Consequences to Society

Criminologists recognize that one social consequence of crime that affects many people beyond those who have been directly victimized is fear of crime. Other consequences include limited ability for victims to take care of themselves or their children, inability of victims to work and to sustain wages, isolation of victims, which leads to a lack of participation in usual/regular activities (The Centers for Disease Control and Prevention, 2010).

Economic consequences

There are two types of economic consequences: direct costs which are the costs directly incurred because of domestic violence, including medical expenses, crisis services, and legal services. Indirect costs which are costs including impacts on the productivity and earnings of women who are abused, including productivity loss from early death or days out of the workforce due to injury (NSVRC, 2016; NAESV, 2011).

6.4 Barriers to addressing sexual abuse and violence against women with disabilities

Women with disabilities face a number of barriers preventing them their rights. The society on the other side, face a number of barriers to prevent and protect women and girls with disabilities victims of sexual abuse and violence. International Foundation of Applied Disability research (2016) analyzed social, cultural and institutional factors that contribute to the sexual abuse and violence against women and girls with disabilities in East Africa focusing on Uganda and Kenya. The research outlined the following key barriers: multiple identities, research gaps, barriers to information and services, health care services, sexually transmitted infections and diseases, extreme poverty, social sanctions against marrying a person with disabilities, and barriers in access to justice. Other barriers include*:* corruption, coercion, and bribery; lack of decision-making power; perception of diminished womanhood because of disability myths; self-imposed pressure to fulfill womanhood; lack of reproductive health knowledge; stigmatization within society at large; lack of legal education given link between disability and poverty; lack of faith in the justice system; weak rule of law; societal pressures to maintain the status quo.

6.5 Rwanda's responses instruments to address sexual abuse and violence against persons with disabilities

The Government has adopted and signed international and regional conventions and treaties protecting persons with

disabilities. As implementation of such conventions, the Government has enacted and promulgated laws and established institutions with responsibilities to protect persons with disabilities. Article 11 of Rwandan Constitution binds all forms of discriminations (GoR, 2018). The law No 01/2007 of 20 January 2007 is related to the protection of persons with disabilities in general determine all rights of persons with disability (MINIJUST, 2007); the law N°03/2011 of 10/02/2011 determines the responsibilities, organization, and functioning of the National Council of Persons with Disabilities (MINIJUST, 2011). The Law N°59/2008 of 10/09/2008 is about prevention and punishment of gender based violence (MINIJUST, 2008). The Government of Rwanda has signed international and regional instruments such as: Universal Declaration of Human Rights (UDHR) of 10 December 1948 (UN, 1949); the African Charter on Human and Peoples' Rights (ACHPR) of October 21, 1986 (Organization of African Unity, 1986).); the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 3 January 1976 (UN, 1967), the Convention on the Elimination of Discrimination against Women (CEDAW) of 3 September 1981 (UN, 1979), the Convention on Rights of the Child of 2 September 1990 (UN, 1989), and the Convention of the Rights of People with Disabilities (CRPD) of 13 December 2006 (UN, 2006). The following institutions are responsible for protecting human rights: The Parliament of Rwanda, the National Commission for Human Rights (NCHR), The Office of the Ombudsman, Courts and Tribunals, The National Public Prosecution Authority (NPPA), The National Council of Persons with Disabilities (NCPD), the Rwanda National Police, the Gender Monitoring Office (GMO), the National Women's Council (CNF/ NWC), the National Youth Council (NYC), the Child Rights Observatory, the National Unity and Reconciliation Commission (whose responsibilities are now under the Ministry "MINUBUMWE) and others. However, despite such highly achievements, more efforts are required to reach women and girls with disabilities who experience difficulties even in reporting their abuse. All cited legal and policy instruments do not present particular attention to women and girls with disabilities. Gender issues are treated in general and double discrimination of women and girls with disabilities is not particularly taken into consideration. The lack of literature related to specific actions planned towards such category of people is an indicator that Rwanda like other countries could treat women and girls sexually abused as a special portion of the population that is highly vulnerable and requiring particular attention.

6.6 Empirical review

Plan International reported that violence against women and girls with disabilities is a significant issue that is related to both gender and disability based discrimination and exclusion. The report points out the big gap of lacking of literature at national levels, regarding the risks of abuse, experiences of abuse, and barriers to seeking and getting help among girls and women with disabilities (Plan International, 2013). A research conducted by The Roeher Institute (2014) found that women and girls with disabilities are sexually assaulted at a rate at least twice that of the general population of women. The research estimates that between 40 to 70 per cent are sexually abused before they reach 18 years of age (The Roeher Institute, 2014).

In this line, a research conducted by Handicap International in 2015 found that worldwide, women and girls with disabilities experience higher rates of gender-based violence, sexual abuse, neglect, maltreatment and exploitation than women without disabilities; and they face extreme significant barriers in escaping violence, reporting crimes and accessing justice. The research reports that such violations occur in homes and institutions, perpetrated by family members, neighbors, teachers, and caretakers. In some settings, it may even include state-sanctioned reproductive rights violations such as forced sterilization (Handicap International, 2015).

Advantage Africa (2016) analyzed the consequences of sexual abuse of persons with disabilities in East Africa. The research found that the most direct consequences of sexual abuse are injury or even death as the result of an assault, together with being exposed to HIV infection and other sexually transmitted infections. Adult women and girls with disabilities who are abused risk of unwanted pregnancy. Survivors of sexual abuse suffer psychological trauma, shame and the risk of even greater stigma.

ADD International Tanzania (n.d) assessed disability and gender-based violence in Kibaha and Mkuranga in Tanzania. The research outlines the following findings: (1) most violence starts at home and is then carried out into the community; (2) forced marriage where parents force a young disabled woman to marry against her will in order to transfer the burden of care and responsibility; (3) sexual violence: 9/10 girls and women with intellectual disabilities were sexually abused, often frequently, without intervention from family or community; and (4) violence committed by multiple perpetrators.

International Foundation of Applied Disability research (2016) assessed the social, cultural and institutional factors that contribute to the sexual abuse of persons with disabilities in East Africa. The following are the main findings: (1) Over 80% of respondents stated that sexual abuse of persons with disabilities is very common, and is taken as normal; (2) 90% of respondents affirmed that women and girls with disabilities are hated, despised and ridiculed; (3) At community level, persons with disabilities are frequently seen as dependent and nonproductive and therefore a problem or burden; (4) Persons with disabilities are sometimes perceived by others to not be sexually active.

A research conducted by the Civil Society in South Africa (2018) found that women with disabilities are at greater risk of sexual violence. In fact, when trying accessing to sexual and reproductive health information and services, frequently they find that these services are unavailable, unaffordable, inaccessible, or discriminatory.

Humanity and Inclusion in 2018 analyzed gender and disability intersectionality in practice in Africa, taking a case study of six

countries: Rwanda, Uganda, Kenya, Malawi, Cameroon and Nigeria. The researches recommended: (1) Trainings for community members, religious leaders, and decision-makers (2) Empowering women and girls with disabilities to access economic opportunities and justice; (3) Including women and girls with disabilities in legal and policy frameworks; (4) Collecting inclusive evidence and disaggregated data; (5) Enabling safe spaces for sharing experiences by creating safe spaces for women and girls with disabilities to share their experiences; (6) Allocating resources to the inclusion of women and girls with disabilities; (7) Ensuring decision-making rights of women and girls with disabilities in families, communities, local decision-makers, police (Humanity & Inclusion, 2018).

6.7 Trivializers of violence against women and girls with disabilities

Diemer (2014) found that Australians still trivialize and excuse violence against women. The research found that some Australians openly support violence against women but many others subtly endorse it by trivializing and excusing acts of abuse. The research found a tendency for Australians to minimize the impact of living in an abusive relationship. 1/5 Australians believes violence can be excused if the offender later regrets it. One out of every ten Australians agrees that if a woman does not physically resist – even if protesting verbally – then it isn't really rape. Many people excuse sexual assault if the woman is affected by alcohol or drugs at the time.

VII. RESEARCH METHODOLOGY

Research design

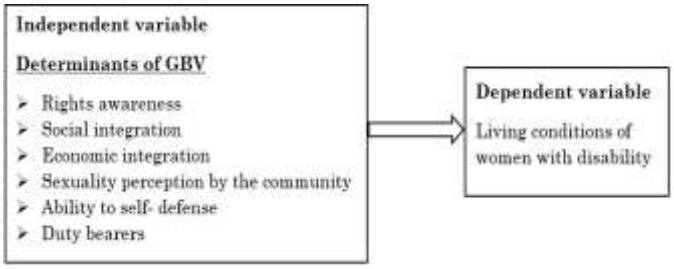
This research is descriptive in nature and it used a mixed quantitative and qualitative approaches. Quantitative approach was used while collecting primary data with the questionnaire with close ended questions. Qualitative approach used interview with a sample of women and girls with disabilities, their representatives and the local administrative leaders/ staff at district, sector, cells and village levels. 3 focus group discussions of 10 members respective to three sectors were organized. The research used finally personnel observation by visiting individual women and girls with disabilities in their daily lives at home. Statistical data provided by the questionnaire was interpreted using Microsoft Excel and the results are presented in form of frequency and percentages.

Research variables

The goal of this research is to establish the causal relationships between two types of variables: Independent variables and dependent variable. Kwan and Wolf (2002) distinguish the term for the cause as independent variable; the term for the effect as dependent variable. A series of cause constitute a series of independent variables. For this research, "Sexual abuse and violence" constitute independent variable because they are the cause of stigma and alienation faced by women and girls with disabilities. All causes of sexual abuse and violence constitute a series of independent variables affecting women and girls with disabilities. The "life condition of women and girls with disabilities" constitutes dependent variable because their inclusion in the society will depends on the alleviation of their sexual abuse and violence. In fact, once they will no longer be abused but respected, they life will be improved.

The relationship between variables can be schematized as the following figure:

Figure 1: Variables and their relationship



Source: Primary data, 2022.

***Right awareness**:* Ignorance of own rights block all ways of claiming your rights. The researcher examined if women and girls with disabilities in Gakenke District are aware of their rights. If they know their rights, the researcher proceeded by investigating the reasons why they not defend their rights or claiming to the society to defend them.

Social integration: The assessment of the level of integration of women and girls with disabilities into the society allowed the researcher to know why the society exposes them instead of defending them from sexual abuse and violence.

***Economic integration**:* Poverty can be a serious cause of sexual abuse and violence to women and girls with disabilities as it exposes themselves to abuse in order to survive.

***Sexual conception by the community**:* A well- educated community knows that sexuality is a right that every person has to enjoy in freedom. Rapt is a bad behavior resulting from a negative conception of sexuality as it prevents the person from enjoying his or her freedom. The researcher will assess whether Gakenke community views sexuality as a right even for women and girls with disability. In some societies like in Australia, women and girls with disabilities are coerced for sterilization (Women with Disabilities Australia, 2012).

***Ability to self- defense**:* Assessing the level of ability to self-defense allowed the researcher to know the level of vulnerability of women and girls with disabilities.

***Duty bearers**:* Duty bearers are those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. The researcher assessed the role of duty bearers in facing the sexual abuse and violence against women and girls with disabilities in Gakenke District.

Research Population

The total population of women and girls with disabilities that was used by this study is 1484 women with disability including 775 from Kamubuga sector, 505 from Muzo sector and 204

from Minazi sector. At those 1484 women and girls with disabilities, the research involved other 64 persons representing the local government institutions namely: The Vice Mayor in charge of Social Affairs (1 person); District NCPD Representative (1 person), District NWC Coordinator (1 person), Gender Officer (1 person), Disability Mainstreaming Officer (1 person), District Social Protection Officer (1 person). At sector level: 3 Executive secretaries of Kamubuga, Minazi and Muzo sectors, 3 Staff in charge of social affairs at sector level, 3 Staff in charge of National Women Council (NWC), 3 Staff in charge of people with disabilities, 3 Police/ DASSO, and 3 Sector Education Officers (SEOs). At cells level: 10 Executive secretaries, 10 staffs in charge of social economic development (SEDOs), 10 members of the National Commission of people with disabilities (NCPD), and 10 representatives of National Women Council (NWC). The total population used by the research was 1548 persons.

Sample Size and sampling techniques

The sample was calculated only on 1484 women with disabilities because all 64 representatives of local government institutions were asked. To determine the sample population for this research, the researcher uses the following Yamane's formula:

$$n=\frac{N}{1+Ne^2}$$ (Yamane, 1967, p.388).

Where: n=sample population; N= total population; e= the standard margin of error at 90% confidence interval, which is equal to 10% or 0.1. Applying the formula to the case of this research, the sample population will be calculated as the following:

1) Sample size from women and girls with disabilities

$$n=\frac{N}{1+Ne^2}=\frac{1,484}{1+1,484*(0.1)^2}=\frac{1,484}{1+1,484*0.01}=\frac{1,484}{1+14.84}=\frac{1,484}{15.84}=93.68687\approx 94$$

Where: N= the total population of 1,484 women and girls with disabilities; e=10% or 0.01.

The women and girls with disabilities who participated in the research were equal to 94 women and girls distributed into three sectors. Among them, 82 responded to the questionnaire and 12 participated in focus group discussion.

2) Local administrative leaders and staff

All 64 leaders and staff were used by the research. No sampling technique applied to them.

Pilot survey

The researcher used piloting by taking randomly 20 women and girls with disabilities in Gakenke district from Ruli sector and administrated to them the questionnaire. The analysis showed that the questionnaire was well understandable and the responses collected were logic and full of needed information. In order to test the validity of the questionnaire, the research used content validity test recommended by Yaghmale (2003, p.25) the research tested the questionnaire for validity through the following four key elements: Relevance, Simplicity, Clarity, and Ambiguity. The reliability was tested by computing the Cronbach's alpha and the results indicated that the tool was reliable at 78.6%. After approving the questionnaire, the researcher administrated it to the target population.

VIII. RESEARCH FINDINGS

8.1 Identification of respondents

Considering education level, the study found that the majority, 58%, of women and girls with disability have no education level. The second category is composed of women and girls with disability having attended only primary education and they occupy 36.6%. Women and girls with disability who attended O' level and A' level occupy both 2.4%. No disabled woman or girl attended university. Considering disability types, the study found that the major disability types are physical with 41.5% and mental with 31.7%. Other categories occupying lesser than 10% are respectively blindness/ visual, combined deaf & dump, and combined physical & mental. Deaf and combined mental and dump occupy 1.2%. Considering awareness of women with disability about GBV, the study found that 85.4% of women and girls with disability do not understand violence in general; 11.0% have a confuse idea about violence in general. Only 3.7% of respondents have an understanding of violence in general. Concerning specifically the sexual violence, 82.9% of women and girls with disability do not understand it; 14.6% have confuse idea; whereas 2.4% understanding. 47.6% of the respondents do not access to information and this is the reason why they have no clear understanding or a confuse idea about violence in general. Considering personal experience of GBV, for intimate partner violence, 100% of women and girls with disabilities affirmed having experienced psychological violence. Economic violence occupies 87.8%; physical violence occupies 80.5%; whereas forced sexual relationship occupies 14.6%. For non-intimate partner violence, the study found that 100% of women and girls with disability have experienced psychological violence; 75.6% have been beaten; 66.7% have experienced mistreatment after becoming widow; 58.5% have experienced economic violence. Each type of violence being scored at 100. The neighbors and partners are the highest perpetrators of violence against women and girls with disability with respectively 79.3% and 77.1%. They are respectively followed by relatives with 19.5%, parents with 18.3%, unknown with 3.7%, public institutions with 2.4% (note that this concern Umudugudu community leaders and DASSO). Girls and women with disabilities reported a number of factors that contribute to violence against girls and women with disabilities. The top six among reported causes occupying more than 50% are: alcohol and drugs with 82.9%, disability type itself occupying 79.3%, stigma for women and girls with disabilities by the society; economic dependence with 70.7%, inexistence of special punishments for perpetrators occupying 61.0%, and inability to self- defense due to type of disability with 57.3%. Other factors outlined by the research are public institutions neglecting the cases of violence with 45.1%, the character of

adultery with 24.4%, ignorance of law protecting victims with 6.1% and difficulty to prove by evidences with 1.2%.

8.2 Basic rights/ freedoms awareness

One of the most challenging issues increasing violence is ignorance on own rights/ freedoms. The following table summarizes the level of awareness of some basic rights/ freedoms for women and girls with disabilities. The basic rights/ freedoms taken into consideration by the research are: right to love; right/ freedom of doing sex; right/ freedom to marriage; right/ freedom to run economic activity; right/ freedom to call for justice; right/ freedom to heritage of possessing own property; right/ freedom for education. The table 2 shows that among 82 women with disability who responded to the questionnaire, 51.1% are not aware of their rights/freedoms; and the society does not recognize women and girls with disability as having all those rights/ freedoms as affirmed by respondents at 98.8%.

Table 2: Basic rights/ freedoms awareness among women with disability in Gakenke district

Basic right/freedom type	Yes		No	
	Frequency	%	Frequency	%
Personal conviction				
Love/ being loved	49	59.8	33	40.2
Sexual relationship	45	55	37	45
Marriage	35	42.7	47	57.3
Running economic activity	40	48.8	42	51.2
Justice	41	50	41	50
Heritage & property possession	39	47.6	43	52.4
Education for your children	37	45.1	45	54.9
Average	**49.9%**		**51.1%**	
Community recognition to those rights	1	1.2	81	98.8

Source: Primary data, 2022.

8.3 Social Integration

The level of social integration determines how close are the relationships between women and girls with disability with other persons without disability. Participation and or none participation in the community life and activities itself can be a factor that might contribute to violence and abuse perpetrated against girls and women with disabilities. This sections deeply discuss how girls and women with disabilities participate in the community everyday life as well as the challenges they face to fully participate. The table 3 gives a list of social activities existing in Gakenke district where women and girls with disabilities can participate. The percentage outlined is calculated considering each question being evaluated at 100% of 82 respondents. The table shows that women and girls with disabilities participate at different frequencies to social activities. According to the table, the level of participation is too low. It ranges from 18% for public meeting to 3% in saving associations.

Table 3: Social Activities and frequency of participation

Existing social activities	Frequency	Percentage (%)
Public meetings	18	22.0
Church Assembly	16	19.5
People with disabilities meetings	10	12.2
Other Cooperatives	9	11.0
Evening Parent Session	8	9.8
Cooperatives of disabled people	7	8.5
Women Assembly	6	7.3
Village's Kitchen	5	6.1
Savings Associations	3	3.7
Total	**82**	**100**

Source: Primary data, 2022.

The study analyzed the reasons why girls and women with disabilities do not participate in the community commonly known events and gathering for the whole population in their cells. Respondents had freedom to list more than one reason. The percentage outlined is calculated considering each reason being evaluated at 100% of 82 respondents. The study found that The most challenging issue is disability conditions occupying 47.6%. Physical disabled, mental disabled and a combined of both prevent women and girls to move or participate in social activities. The second challenge is mistreatment encountered when they participate in social activities. This challenge occupies 31.7% and it is the second after the disability conditions. Other constraints are: financial constraints limiting women and girls with disabilities participating in cooperative activities; lack of information with 7.3%; instability of cooperative with 7.3%; and poor consideration by leaders with 1.2%. While analyzing in deep the reasons of low participation in the community events, meetings and activities, the study found that Community works is the highest stressing social activity for women and girls with disability as affirmed by 82.1%. The second stressing activity is participating in public meetings. It represents 16.1%, whereas Vision Umurenge Program is stressing at 1.8%.

8.4 Economic integration

The research assessed whether women with disability in Gakenke district participate in economic development for their households. The results are presented in the table 4 which shows that 77 respondents over 82, equivalent to 93.9%, do not run any economic activity; whereas 1.2% run respectively rabbit, VUP, informal cooperative (ikimina), handcraft and agriculture as economic activities. Income generated by such activities is evaluated at an average of FRW 2,375 per month, VUP income being excluded.

Table 4: Economic integration of women and girls with disabilities

Economic activity	Monthly income (Rfw)	Respondents	Percentage (%)
No economic activity	0	77	93.9
Rabbit	2000	1	1.2
VUP	21000	1	1.2
Informal cooperatives	3000	1	1.2
Handicraft (Agaseke)	4000	1	1.2
Agriculture	500	1	1.2
Total		**82**	**100**

Source: Primary data, 2018.

The survey assessed whether women with disability are familiar with financial institutions. The results are indicated by the table 5 where the majority of women and girls with disability are familiar with SACCO as a concept. In fact, 52 over 82 respondents equivalent to 63.4% affirmed the awareness about SACCO. Among those who are aware of SACCO, 71.2% have an account mainly for receiving the government direct support. Among those 71.2% having an account, only 13.5% have requested a loan. 20.0% of those who requested for the loan, have been granted it while 80% did not get it due to lack of collaterals and reluctance of the loan issuers to get the returns.

Table 5: Women and girls with disabilities vis- a- vis financial institutions

Financial institutions awareness	Frequency	Percentage (%)
Awareness about SACCO	52	63.4
Having an account in SACCO	37	71.2
Having requested a loan in SACCO	5	13.5
Loan provided	1	20.0
Loan refused	4	80.0

Source: Primary data, 2018.

8.5 Community perceptions of sexuality for women with disabilities

The conception of the community about sexuality for women and girls with disabilities is very important in social integration of women and girls with disabilities. The table 6 is about analyzing whether getting pregnancy is well received by the society for the case of woman without disability and girl as for disabled ones. The distinction between the two types brings information about reasons increasing violence for one or other category of women and girls. The results show that at 96.3% a marriage between a man without disability and a woman with disabilities is seen as an abnormal situation; and at 97.6% a woman and a girl who get pregnancy is seen as an abnormal situation.

Table 6: Sexuality view of the society towards women and girls with disabilities

Sexuality view of the society	No answer		Abnormal situation	
	Frequency	%	Frequency	%
Image of a man who marries a disabled woman	3	3.7	79	96.3
Image of Disabled woman or girl who get pregnancy	2	2.4	80	97.6

Source: Primary data, 2018.

8.6 Ability to self- defense

Facing GBV requires ability to self- defense. The research asked the women with disability to indicate their self- defense mechanisms. The results are presented in table 7 showing that 100% affirmed that the best mechanism is to avoid drinking beer and going to bars. 87.8% propose to remain at home and never travel. 85.4% propose to avoid travelling in night. 82.9% recommends avoiding public meetings and assemblies. 35.4% recommend avoiding travelling alone.

Table 7: Self- defense mechanisms

Self defense mechanisms	Frequency	Percentage
Avoidance of bars and beer	82	100
Remaining at home	72	87.8
Avoidance travelling in night	70	85.4
Avoidance of public meetings and assemblies	68	82.9
Avoidance travelling alone	29	35.4

Source: Primary data, 2018.

8.7 Duty Bearers

Rwanda is known as a country with strong political institutions and through the decentralization, the power of the government was put to facilitate access to services for the well-being. On the side of fighting against violence, the government has put in place institutions with the mission of fighting violence in general and sexual violence against women and persons with disabilities. If duty bearers are unknown by the victims, such ignorance can increase the violence instead of reducing it. The following table 8 assessed the level of awareness of such duty bearers for the case of sexual abuse and violence against women and girls in Gakenke district. The results indicate that a big portion of the respondents did not know the duty bearers (46.3%). The second category consists of those who have a confusing idea about duty bearers whereby they responded using the term “Ubuyobozi” without specification. “Ubuyobozi” is a term combining so many structures and institutions under one concept- the local administrative leaders, police, community policing and justice sector (32.9%). The clear knowledge about duty bearers is expressed at 17.1% of the total respondents by specifying the local administrative leaders; the police with 2.4% of the total respondents; and community policing with 1.2%.

Table 8: Duty Bearers awareness

Duty bearers declared known	Frequency	Percentage (%)
No awareness of existence of duty bearers	38	46.3
Not specified (Ubuyobozi)	27	32.9
Local administration leaders	14	17.1
Police	2	2.4
Community policing	1	1.2
Total	82	100

Source: Primary data, 2018.

The research asked women with disability to indicate the effectiveness of duty bearers. This question was asked to those who have been victims of GBV and called for their services. The results presented in table 9 show that over a total of 21 cases of sexual violence perpetrated against women and girls with disability and reported to local administrative leaders, only 28.6% were well treated and solved whereas 71.4% were neglected.

Table 9: Effectiveness of Duty Bearers vis- a- vis declared cases

Problems declared	Frequency	Percentage (%)
Problem solved	6	28.6
Problems neglected	15	71.4
Total	21	100

Source: primary data, 2018.

The research asked women with disability to indicate the challenges they encounter and that limit them calling for duty bearers. Each challenge was evaluated at 100. The results presented in table 9 show that from the highest challenge to the lowest, poor service delivery or neglecting with 65.9%, to lack of self- confidence with 1.2%, passing through respectively economic constraints with 29.3%, physical incapacity with 26.8 and Lack of information with 6.1% are dominant cause of poor reporting of GBV by women with disability.

Table 10: Challenges to call and access duty bearers' services

Challenges	Frequency	Percentage (%)
Being neglected	54	65.9
Economic constraints	24	29.3
Physical incapacity	22	26.8
Lack of information	5	6.1
Lack of self- confidence	1	1.2

Source: Primary data, 2018.

IX. DISCUSSIONS OF FINDINGS

9.1 Rights/ freedoms awareness,

The research found that women and girls with disabilities were not trained on basic human rights such as right to love; right/ freedom of doing sex; right/ freedom to marriage; right/ freedom to run economic activity; right/ freedom to call for justice; right/ freedom to heritage of possessing own property; right/ freedom for education. 93.9% of respondents affirmed that they have not been trained. However, the respondents have a little knowledge about each of those rights/ freedoms and this is indicated by different frequencies between rights/ freedoms. On the side of the society, women and girls with disability affirmed at 98.8% that other people are not aware that women and girls with disabilities have equal rights/ freedoms as people without disability. This finding is corroborated by a research conducted by International Labor Organization (ILO) in 2013 focus on disabled women entrepreneurs in Zambia. The research found that in general, women experience higher rates of poverty than men due to, among other factors, a lack of access to or limited opportunities for training. To face the gap, Zambia has developed a number of policies, programs and initiatives to address the challenges they face such as Zambia Federation of Associations of Women in Business (ZAFAWIB), whose main purpose is to empower women economically through the provision of small loans for micro-entrepreneurs and training in human rights and small business development (ILO, 2013).

9.2 Level of social integration,

The research found that the level is too low. The research analyzed the level of participation in social activities. The highest level of participation is 22.0%. The reasons of this low participation are justified by disability conditions and mistreatment by participants as shown by the table 3. Three highest stressing social activities namely community works (stressing at 82.1%), public meetings (stressing at 16.1%), and Vision Umurenge Program (VUP) (stressing at 1.8%). Women and girls with disabilities are the most harassed by participants as well explained in previous section related to devaluation struggled by women and girls with disabilities in the community. Another indicator is shown by the table 7 whereby women and girls with disabilities defined self- defense mechanisms such as: being isolated from the community by avoiding bars and beer, remaining at home, avoiding travelling in night, avoiding public assemblies and meetings, or avoiding travelling alone. Women and girls with disabilities are harassed in community works and disqualified as invalid using the following expressions: (i) “Uyu se ni gapita?” [Is she our controller for standing with us without working]; (ii) “Ushinzwe iki mu muganda?” [For what are you in charge here in community works?]; (iii) “Uyu musazi yaje gukora iki mu muganda?” [For what this foolish came for here?]; (iv) “Iyo ugerageje kurega baguha inkwenene” [When you try to call justice publically, you are harassed by the assembly]. Women with disability are harassed by the community members as well as the leaders.

This finding is corroborated by a study conducted by Twardowski (2014) on barriers to social integration for people with disabilities using the Polish experiences. According to the research the implementation of social integration consists in creating opportunities for the disabled to participate in normal life, providing access to all public institutions and social situations in which fully able people participate. The research

affirms that a complete social integration is achieved only when the disabled perform social roles typical of particular stages of development; are accepted by the local community and the entire society; feel at home; participate in all forms of social life; and have access to education and employment and are moreover given opportunities to use their own abilities.

9.3 Economic integration

The research found that 93.9% of women and girls with disabilities run no economic activities. 1.2% run respectively rabbit, VUP, informal cooperative (ikimina), handcraft and agriculture as economic activities. This shows that women and girls with disabilities live in total economic dependency with all consequences of economic stresses. The problem is to know why do they not even request loan from SACCO? The research demonstrates the situation of women and girls with disabilities vis- a vis financial institutions whereby 63.4% of respondents affirmed having awareness about SACCO; and 71.2% among those who are aware of SACCOs have an account. Among those 71.2% having an account, only 13.5% have requested for a loan. 20.0% of those who requested for the loan, have been granted; and 80% did not get it. Testimonies certified that SACCO refused them the loan saying that they are unable to reimburse. The research found that the majority of opened accounts were for the purpose of receiving direct supports.

This finding is supported by the table 4 and table 5; and it is corroborated by a research conducted by International Labor Organization (ILO) in 2013 focusing on disabled women entrepreneurs in Zambia outlining that at least 785 million women and men with disabilities are of working age, but the majority do not work. The research found that women with disabilities in Zambia are more likely to work in the informal economy or as manual laborers or vendors since these may be the most realistic options for earning money or contributing to family livelihoods. FINCA Zambia microfinance offers three types of credit products, which include individual, solidarity and village banking loan products for urban and peri-urban markets for working capital and business improvement (ILO, 2013). This microfinance works like SACCO but for the case of supporting women and girls with disabilities, SACCO Gakenke has to be improved and approach vulnerable people.

9.4 Society view of sexuality among women with disabilities,

The research found that at 96.3% a marriage between a man without disability and disabled women is seen as an abnormal situation; and at 97.6% a woman and a girl who get pregnancy is seen as an abnormal situation. For the case of a man without disability who marries a disabled woman, the following are some harassment expressions collected from respondents: (i) “Ajya guca umuryango yari yabuze abandi?” [Has he found no women for marrying that disabled one unable to give birth?]; the man is called “ikigoryi, umusazi, etc” [stupid, foolish, etc]. Such man is not allowed to speak in public [nta jambo agira]. Some relatives and neighbors advise him to marry a second wife. On the other side, a woman or girl with disability who get pregnancy is not seen as normal situation as another woman or girl without disability who get pregnancy. Some of harassing expressions against her are: “Azayibyara se?” [will she be capable to give birth?]; “yihekesheje undi musaraba” ! [she carries a second cross]; “N’urwo yari ariho ntirworoshye”! [Already fighting against disability was enough instead of adding another battle of pregnancy]; “Kiriya kimuga izagihitana” [she will die of giving birth in such condition], etc.

This finding is supported by the table 6 and it is corroborated by the research conducted by International Foundation of Applied Disability Research (2016) in Uganda and Kenya whereby the research found that women and girls with disabilities experience multiple forms of discrimination including sexual discrimination and a big number of barriers to information and service. The research found also that social sanctions against marrying a person with disabilities that exist in EAC contribute to deny women and girls with disabilities with their rights to doing sex and marriage.

9.5 Duty bearers’ awareness by women with disabilities; and their effectiveness in responding to their cause

The research found that the majority of respondents do not know institutions and administrative persons in charge of solving their cases of violence. Those who ignore totally such existence occupy 46.3% and those who confusingly responded by “Ubuyobozi” (a general concept including local administrative leaders, police, justice and community policing) were 32.9%. This led to conclude that a total of 79.2% of respondents do not know or have a confuse idea about the duty bearers. 17.1% cited local administration leaders; 2.4% cited the police whereas community policing is known at 1.2% (table 8). Concerning their effectiveness in handling cases of violence, the research found that over a total of 21 cases denounced by respondents as having been forwarded to the local administrative leaders, only 28.6% have been handled effectively; whereas 71.4% have been neglected (table 9). All women and girls with disabilities have experienced one or more violence. The factor that the number of denounced cases is too low (21 out of 82 who affirmed having experienced violence) can be attributed to the fact that persons who could pursuit their cause are themselves perpetrators namely intimate partners, non- intimate partners, neighbors, and parents are top perpetrators. Concerning the challenges to call and access duty bearers' services, the research found that the most challenging issue is poor service or neglecting to victims. This challenge occupies 65.9% and it is followed by economic constraints with 29.3%. By economic constraints, respondents mean financial issues related to telephone calls, transport fees, lunch for long queue they pass at local administrative office, etc. Other challenges outlined by the research are: physical incapacity (26.8%) that can combine all disability conditions limiting easy expression of own violence situation; lack of information (6.1%) meaning ignorance of where to address the issue; and lack of self- confidence (1.2%); whereby victims are fear to talk about the cases of violence for avoiding harassment on the side of persons without disabilities (table 10). The neglecting on the side of the “Ubuyobozi” in the case of sexual violence against women and girls with disabilities was frequently affirmed by the respondents in general and by local administrative leaders

through interviews; and it is affirmed as being the root cause of not consulting such institutions in case of violence because in their mindset, they seem traumatized by very poor service delivery on their side. The table 10 classified the neglecting of public institutions among the main factors perpetrating the sexual abuse and violence against women and girls with disabilities; this is reiterated by the findings putting such neglecting on the top challenge encountered by victims while trying to call for services from duty bearers.

This position of respondents is shared with the interviewed local administrative leaders whereby they affirmed that only a few number of victims forward the cases for justice. And some cases are poorly reported such as cases reported by women with mental disability and cases of GBV reported by deaf without a professional interpreter. The local administrative leaders affirmed facing a big challenge of punishing without evidences; but the research found that there no efforts on the side of duty bearers to conduct in deep investigation of such evidences. One local administrative staff said: "Ababashije kugaragaza ibibazo byabo, inzego zibakira neza" [Those who become able to express their cases of violence are well received and those problems are handled]. The research found that 52.4% of women and girls with disabilities (mental, blind, deaf &dump, deaf, mental and dump) are of the category of those unable to report effectively their cases of violence by proving with evidence. The research found no mechanisms established to help these categories of people reporting their cases of violence. Another local administrative leader at District level said: "Hari abinubira guhora bakira ibibazo byabo" [Some are unhappy to always deal with such cases forwarded by women and girls with disabilities]. This leader affirmed that some other local administrative leaders sometimes receive the cases of violence perpetrated against women and girls with disabilities and do not solve or forward them to qualified institutions for further investigations.

The challenge of social exclusion of persons with disabilities in general exists in many societies and countries took appropriate measures to face it. A study conducted by SIDA (2012) outlines that Burkina Faso put in place active organizations in the field of disability. The umbrella- like Federation Burkinabe des Associations pour la Promotion des Personnes Handicapees (FEMPA) represents persons with disability and was founded in 1992. With its 350 members, the organization is regularly consulted by the Government on disability issues along with other significant disabled people's organization's (DPOs). In this line, the National Council for People with Disability (NCPD) has to be strengthened and become a powerful institution protecting and contributing to social integration of women and girls with disabilities.

X. HYPOTHESIS VERIFICATION

H0: Ignorance and social stigma are not the main drivers of gender based violence against women with disability in Gakenke district.

The research found the following main drivers of GBV against women with disability: 58%, of women and girls with disability have no education level. 85.4% of women and girls with disability are not aware of violence in general. 100% of women with disability have experienced at least one form of GBV. 51.1% are not aware of their rights/freedoms. Women with disability are socially excluded. Their level of participation in social activities is too low: 18% for public meeting to 3% in saving associations. 93.9%, do not run any economic activity. The society marginalize them: at 96.3% a marriage between a man without disability and a woman with disabilities is seen as an abnormal situation. They have no self- defense mechanisms: 82.9% avoid public meetings and assemblies for their security. 46.3% did not know the duty bearers. These results led to conclude that "ignorance and social stigma are not the main drivers of gender based violence against women with disability in Gakenke district". The research therefore reject the null hypothesis and accepts alternative hypothesis.

XI. CONCLUSION

The present research found that the current situation of women and girls with disabilities in Gakenke district needs special attention: In fact, all women and girls with disabilities suffer one or more types of violence, either intimate partner where economic violence and physical violence predominate; or non-intimate partner violence where psychological violence and forced sexual relationship dominate. Perpetrators are partners, neighbors, relatives and others. The factors most increasing violence are alcohol and drugs, disability type itself, economic dependence and the inexistence of special punishments for perpetrators. Duty bearers are not mainly well known by victims and they are accused for very poor service. Women and girls with disabilities found public meeting and community works as the most stressing social activities and they affirm that the best mechanisms of self- defense are being isolated and not participating in public assemblies, bars and restaurants. Women with disability are not aware of their rights/freedoms; and the society does not recognize women and girls with disability as having all those rights/ freedoms (98.8%). Sexuality for women and girls with disabilities is seen negatively by the society; marrying a disabled woman is a like as sin; getting pregnancy brings harassments. Economically, women and girls with disabilities are not integrated. The majority run no economic activity and those who have an account in SACCO are for receiving direct support. No financial institution gives them loan because they are seen as non- active people, incapable to pay back loan. The research concludes that addressing GBV against women and girls with disabilities in Gakenke district (as in Rwanda in general) requires synergy between all institutions and individuals namely: women and girls with disabilities themselves as receivers of the service, the local community involving neighbors, the local administrative leaders/ staff from village community to the ministry of gender (MIGEPROF), the community policing, the national police, NWC, NCPD, Courts and financial institutions.

XII. RECOMMENDATIONS

Achieving synergy for tackling sexual abuse and violence against women and girls with disabilities requires every

institution fulfilling its responsibilities. Based on suggestions of respondents, the research recommends the following key tasks per institution and individuals:

To women and girls with disabilities

- Girls and women with disabilities should be put at the center of the move towards community free of violence. For this to happen there should be organized themselves, break the silence of sexual abuse and violence they face, report the cases and advocate for their access to sexual abuse and violence prevention and services available in their communities
- Women and girls with disabilities are encouraged to attend community activities, events and assemblies for their visibility and connection with the community where they can get information relevant to their everyday life.
- Girls and women with disabilities need to work closely with existing champions and advocates to ensure girls and women with disabilities who have experienced violence seek and find support and justice

To the Family and neighboring community

- Families and the community should be sensitized on issues of sexual abuse and violence against girls and women with disabilities as well as the legislations, policies that protect the rights of girls and women with disabilities in Rwanda for positively changing attitudes and creating supportive and protective environment.
- Families and neighbors are encouraged to support girls and women with disabilities in reporting the issues violence they are facing to ensure they are effectively supported.
- Encouraging women and girls with disabilities participating in social activities instead of harassing even those who make efforts to participate.

To Religious Institutions

- Raising awareness on the issue of sexual abuse and violence in favor of vulnerable persons especially women and girls with disabilities suffering from double discrimination.
- To ensure that their social development programs include also women and girls with disabilities.

To local administration institutions

- The local leaders should play the role of model in addressing the issues of violence against girls and women with disabilities and therefore hold others stakeholders accountable to the rights of girls and women with disabilities. This will require them to positively change attitudes in treating and timely referring those cases.
- Importantly, local leaders should disseminate the laws and policies on disabilities rights and raising awareness among the community through public meetings and works about disability and sexual abuse and violence issues against girls and women with disabilities.
- The district through JADF should work with existing programs and institutions including One Stop Centers NGOs interventions to put in place strategies for empowering girls and women with disabilities and communities. The community will need to be educated to shun and report discriminatory and sexual abuse and violence practices within the law enforcement agencies. The community is also encouraged to take girls with disabilities to school and treat them equally, as for other children.

To the police of Gakenke district

- Police will need to work closely with the local administrations and other law enforcement agencies to ensure disability mainstreaming into sexual abuse and violence reporting materials, follow up of reported cases of abuse and ensure that the cases that have reported to them are concluded.
- To sensitize the population including women and girls with disabilities on the Community Policing functioning to ensure them that the victims know where to go for reporting violence and abuse.

To Central Government Institutions

- To approve the national disability policy taking into consideration the double discrimination of women and girls with disabilities.
- For closing the issues of disability data, NCPD in collaboration with Ministry of health, MINALOC and National Statistics Institute should consistently re-undertake categorization to confirm reported data by previous conducted categorization.
- The National council of women should lead on the issue of disability and gender based violence among women's organizations, women empowerment and GHB stakeholders and enforce on disability mainstreaming programming and reporting
- In collaboration with the MIGEPROF and NCPD, the council of women with disabilities should advocate for the implementation of disabilities laws and establishment of specific measures for protecting girls and women with disabilities from violence in accordance with article 16 of the UN convention on the rights of persons with disabilities.

To civil society organizations

- Foster collaboration within women's rights groups, organizations of peoples with disabilities, and other stakeholders involved in violence against women, women with disabilities, sexual and reproductive health, education, development, institution building with a view towards including women with disabilities in the dialogue, strategy and institution building.

- The organization of women with disabilities (UNABU) should focus on both social and economic empowerment of girls and women with disabilities to enhance their self- esteem and self- reliance.

To financial institutions (NBR, RRA, BDF and SACCO)

- Assessing to what extent financial institutions address particular issues of vulnerable groups of the population including women and girls with disabilities. More specifically it should monitor the inclusiveness of SACCOs towards vulnerable women and girls with disabilities.
- Granting loans for vulnerable women and girls with disabilities at 100% together with providing guidance in planning and developing projects (BDF).
- SACCOs should raise awareness among women with disabilities to motivate them for ensuring that they request loan from dedicated "Gira ubucuruzi fund" for persons with disabilities.

XIII. SUGGESTIONS FOR FURTHER STUDIES

The present research was conducted in Gakenke district. Due to time and financial constraints, the research covered only three sectors namely Kamubuga, Muzo and Minazi. The research covered a total population of 1484 women and girls with disability over 7598 which means 20%. Further researches would be conducted to the rest of the population of Gakenke or in other districts of Rwanda to fill the gap mentioned by the report related to the scarcity of empirical data related to disability conditions in Rwanda expressed in terms of lack of disability specific gender-mainstreaming knowledge.

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APPENDIX: LIST OF ABBREVIATIONS AND ACRONYMS

ACHPR	African Charter on Human and Peoples' Rights
CEDAW	Convention on the Elimination of Discrimination against Women
CRPD	Convention of the Rights of People with Disabilities
EAC	East African Community
GBV	Gender Based Violence
GMO	Gender Monitoring Office
GoR	Government of Rwanda
ICESCR	International Covenant on Economic, Social and Cultural Rights
MINALOC	Ministry of Local Government
MINIJUST	Ministry of Justice
NAESV	National Alliance to End Sexual Violence
NYC	National Youth Council
NWC/CNF	National Women's Council
NCHR	National Commission for Human Rights
NCPD	National Council of Persons with Disabilities
NPPA	National Public Prosecution Authority
NSVRC	National Sexual Violence Resource Center
NISR	National Institute of Statistics Rwanda
PWDs	Persons With Disabilities
SACC Ltd	Sylvie & Associates Consultancy Company Ltd
SACCO	Saving and Credit Cooperative
SIDA	Swedish International Development Cooperation Agency
SDGs	Sustainable Development Goals
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNCRPD	United Nations Convention of the Rights of People with Disabilities
WHO	World Health Organization