



# WHAT VIOLENCE MEANS TO US: WOMEN WITH DISABILITIES SPEAK



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Inclusive Friends is a non-profit organisation for and by people with disabilities that works to bring disability to the heart of development efforts in the country through advocacy, training and action. Located in Plateau state, the organisation is passionate about removing barriers that limit the full participation of people with disabilities in their communities. It is a major offshoot of the two-year term of Ms. Grace Jerry, former Ms. Wheelchair Nigeria and her team. Currently, it works in the areas of water, sanitation and hygiene (WASH), disaster management, accessibility, reproductive health and livelihoods.

The Nigeria Stability and Reconciliation Programme aims to reduce violent conflict in Nigeria by supporting Nigeria institutions, organisations and individuals to be able to manage conflict non-violently and, in doing so, reduce its impact on the most vulnerable and marginalised. NSRP works in four interrelated programming areas (security and governance, economic and natural resources, women and girls and research, media and advocacy). It supports initiatives at the national level, in eight states (Bayelsa, Borno, Delta, Kaduna, Kano, Plateau, Rivers and Yobe) and at the community level in three local government areas in these eight states.

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## **ABBREVIATIONS**

OED AVA	
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
FGD	Focus Group Discussion
ICIN	Islamic Counselling Initiative of Nigeria
IDP	Internally Displaced People
JONAPWD	Joint National Association of Persons with Disabilities
KIQ	Key Informant Questionnaire
LGA	Local Government Authority
MDA	Ministries, Departments and Agencies
MOWASD	Ministry of Women Affairs and Social Development
NAP	National Action Plan on Women, Peace and Security
NEMA	National Emergency Management Authority
NSRP	Nigeria Stability and Reconciliation Programme
PTSD	Post Traumatic Stress Disorder
UN	United Nations
VAWG	Violence against Women and Girls
WISCOD	Women's Initiative for Sustainable Community Development
ICIN IDP JONAPWD KIQ LGA MDA MOWASD NAP NEMA NSRP PTSD UN VAWG	Islamic Counselling Initiative of Nigeria Internally Displaced People Joint National Association of Persons with Disabilities Key Informant Questionnaire Local Government Authority Ministries, Departments and Agencies Ministry of Women Affairs and Social Development National Action Plan on Women, Peace and Security National Emergency Management Authority Nigeria Stability and Reconciliation Programme Post Traumatic Stress Disorder United Nations Violence against Women and Girls

## **EXECUTIVE SUMMARY**

There is growing recognition in Nigeria and across the world of the need to protect and promote the rights of women and people with disabilities in times of relative peace, insecurity and violent conflict. Through treaties, resolutions of the Security Council and General Assembly, as well as national policies - including National Action Plans on Women, Peace and Security countries have committed to ensuring that conflict resolution, security operations and peacebuilding policies and practices are inclusive. However, to date, this commitment has not translated to positive and genuine impact experienced by women with disabilities, who face double marginalisation due to their gender and their disability. Very little research has been conducted on women with disabilities and their specific experiences of conflict and violence. As a result, many government and civil society policies, programmes and services do not take these realities into account

This research study, carried out in four conflict-affected local government areas in Plateau State of Nigeria, addresses this gap. Research was carried out using emancipatory methodology, with women with disabilities themselves taking the lead. The focus was on ensuring voice, leadership and empowerment. Having women with disabilities in all research teams ensured the process was empowering and added to the levels of comfort of respondents, who felt more able to share experiences with women like them.

They spoke of the violence women and girls with disabilities experience in Plateau in times of violent conflict and relative peace. These experiences are linked to the marginalisation and oppression women and girls with disabilities face in daily life, as well as their challenges and the pervasive social and cultural stereotypes concerning them. Respondents specifically mentioned limited access to healthcare and education as well as barriers to financial autonomy.

In times of violent conflict, women and girls with disabilities find it difficult to escape violence and expressed a sense of abandonment. Difficulties in mobility in a world constructed for the ablebodied often leave them reliant on others. They may be unaware of what is happening or how to get to safety. They are often not warned of impending danger. Those able to escape immediate violence may lose mobility aids. medicines and caregivers in the midst of the crisis. This loss leaves these women and girls more reliant on others and has consequences for their health. In addition to psychological trauma, the separation or death of their caregivers can lead to women struggling to cope and leave them at greater risk of exploitation, including genderbased violence. Regardless of the impact of conflict and violence on their lives, the realities of women and girls with disabilities are not taken into account in decision-making around peace and security. This marginalisation is linked to their exclusion from these processes, with many respondents speaking of not being invited to community peace forums or being unable to contribute when present.

The violence women and girls with disabilities experience during violent conflict forms a continuum with their experiences during times of relative peace. Women and girls with disabilities are more likely to experience gender-based violence but less likely to be able to speak up, be believed and access services. This is partly due to their reliance on those in positions of power over them, including caregivers or family members – the group that the respondents were most likely to name as the perpetrators of violence.

Respondents also spoke of how they felt interventions by government, security and civil society actors did not take the needs of women and girls with disabilities into account, were not accessible to them and did not include them in design or implementation. They felt little was done to ensure specific interventions are

provided or include them in 'mainstream' programming. As a result, they are less likely to be able to access services which are also not attuned to their needs. They are more likely to experience violence, stigma and marginalisation and continue to be excluded from decisionmaking processes as well as peace and security interventions. For example, ensuring the accessibility and safety of IDP camps to women and girls with disabilities, and addressing the loss of livelihoods they experience, are major gaps. Most worryingly, respondents spoke of representatives of security agencies perpetrating violence, including that which is gender-based. The following recommendations are aimed at policymakers and civil society. In implementing them, actors should reflect the differing needs and experiences of women and girls with different types of disabilities.

## TO GOVERMENT MINISTRIES, DEPARTMENT AND AGENCIES

- Pass into law, domesticate at state level and/or implement fully the Gender Equality Bill, Disability Rights Bill and Violence against Persons Prohibition Act.
- ! Make budgetary provision for activities focused on women and girls with disabilities, including work to end violence.
- ! Produce state action plans on disabilities and conflict that are gender-sensitive and funded. In Plateau State, this process should be owned by the Special Advisers to the Governor on Peacebuilding and Disability Affairs, the Ministry of Women's Affairs and Social Development and the Disability Rights Commission.
- ! Work closely with security agencies and civil society to take all legislative, administrative and other measures to prevent and punish violence, and remove all obstacles hindering access to justice.
- Support sensitisation and training on gender and disabilities for all engaged in the administration of justice, including law enforcement officials, prosecutors and judges.

# TO THE MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT

- ! Ensure services provided are accessible to women and girls with disabilities, including through the implementation of specific outreach strategies.
- ! Work closely with people with disabilities and women's rights organisations to design and implement programmes targeting girls and women with disabilities.
- Provide information in an accessible format to women and girls with disabilities on sexual and reproductive health and rights.
- ! Take measures to increase the participation of women in peacebuilding at local, state and national levels and ensure the active representation of women with disabilities.
- ! Take action to eradicate beliefs, practices and stereotypes which legitimise violence against women and girls with disabilities.

#### **TO SECURITY AGENCIES**

- ! Develop or revise early warning and early response systems to be inclusive of and accessible for people with disabilities.
- ! Set in place mechanisms to reach out to and warn people with disabilities in the event of danger and include them in evacuation strategies.
- ! Train all officials on ways to work with people with disabilities and increase their security.
- ! Strictly implement a zero-tolerance policy on sexual exploitation and abuse committed by security officials – include this in all training – investigate cases and bring perpetrators to justice.

#### TO RELIEF AGENCIES

! Make deliberate efforts at mainstreaming disability in emergency relief efforts, based on consultation with people with disabilities, and ensuring gender sensitivity.

- ! Ensure camps, facilities and services for internally-displaced people are accessible to people with disabilities.
- Train staff on ways to reduce discrimination and stigmatisation and increase awareness of the needs of people with disabilities during emergency situations.
- ! Provide mobility aids to people with disabilities who need them in camps for internally-displaced people.

#### TO EDUCATIONAL INSTITUTIONS

- ! Invest in ensuring materials and facilities are accessible to people with disabilities.
- ! Set up or strengthen programmes for students to volunteer to assist other students with disabilities ensuring this is accompanied by training and regulation and with complaints mechanisms to which students with disabilities can address their concerns and get assigned alternative assistants.
- ! Incorporate gender and disability-sensitive peace education into the curriculum.

## TO LOCAL AND NATIONAL MEDIA ORGANISATIONS

- ! Increase the voice and presence of women with disabilities in programming, advertising, publications, presentations, and other media products.
- ! Raise awareness about ways in which women and girls with disabilities experience violence and conflict.
- Counter stigma and misinformation and change perceptions around women with disabilities.
- ! Avoid derogatory language and the perpetuation of stereotypes when referring to people with disabilities.
- ! Train staff on awareness of disabilities so they become champions of disability rights.

#### TO CIVIL SOCIETY

! Empower women with disabilities to advocate for their own rights, including through their participation in policy and advocacy processes.

- Mainstream gender and disabilities in programmes and remove barriers to inclusion.
- ! Ensure programmes addressing genderbased violence are accessible and responsive to the needs and realities of women and girls with disabilities.

# TO PEOPLE WITH DISABILITIES' ORGANISATIONS, INCLUDING JONAPWD

- ! Organise programmes for people with disabilities to increase awareness of human rights, including those of women, as protected by Nigerian, regional and international laws and policies.
- Increase awareness of the high rates of violence experienced by women and girls with disabilities and deepen engagement with stakeholders to urge them to address this
- ! Increase impact and presence at community levels, including through setting up women's support groups, so as to build trust and credibility among members and strengthen the voice and influence of people with disabilities

## TO DONORS AND INTERNATIONAL PARTNERS

- ! Fund further research on the intersection of gender and disabilities to strengthen the evidence base for effective intervention.
- ! Invest in programming backed by evidence-based research – that works at the intersection of gender, disabilities and conflict, including on economic recovery.
- ! Work closely with and fund people with disabilities' organisations to strengthen governmental ministries, departments and agencies to support survivors of violence and promote participation in peacebuilding.
- ! Support initiatives aimed at fostering the exchange of national, regional and international best practices for the inclusion of women and girls with disabilities and the eradication of violence against them.

## INTRODUCTION

Women and girls with disabilities face double discrimination. People with disabilities face exclusion and widespread stigma while women are excluded from decision-making and face pervasive violence and insecurity.1 Thus, women and girls with disabilities face intersecting and interlocking forms of discrimination: marginalised because they are female and because they have a disability.2 Their gender and disability interacts with other aspects of their identity such as age, ethnicity, poverty,3 rural/urban location and geographical realities.

Women and girls with disabilities are at risk of sickness, injury, negligence, maltreatment and exploitation. As will be shown in this study, they are particularly vulnerable to abuse and more likely to experience violence. For example, stories abound of women and girls with disabilities who fall victims to ritual killings.4 Notwithstanding their skills, knowledge and experiences, they are marginalised from formal decision-making and the contributions they make often ignored. They continue to be seen as victims alone rather than as resources for community resilience to insecurity. These trends are exacerbated in situations of violent conflict.

The advocacy of women's and disability rights activists and movements and growing government recognition has led to some progress. However, there remains a gap between rhetoric and reality, with policies and laws often not implemented and so having little impact on people's lives. Government institutions that try to improve processes of conflict management often focus on what are seen as 'hard' security issues such as criminality and insurgency rather than the impact of violence on people's lives. Furthermore, women and girls with disabilities are often overlooked. Those working on women, peace and security do not disaggregate the experiences of women and girls with disabilities while those

working on disability and conflict often do not do so using a gender lens. As a result, decisions fail to address the realities of women and girls with disabilities, one of the most marginalised groups in society. Peacebuilding efforts that do not have long-lasting, genuine and positive impact on, and include, all within society, lack effectiveness. They are likely to fail.

Realities of people with disabilities during crises in Nigeria have not been extensively examined by researchers. Studies on levels of discrimination, as well as the low status and poverty of people with disabilities hardly examine their experiences during periods of conflict. This study addresses this gap, looking at women, disabilities, conflict and violence, and contributing to a small but growing body of evidence in Nigeria and internationally. It provides evidence and recommendations for policy and programmatic interventions. Stakeholders to which these are addressed include government actors in the local government areas (LGAs) studied, in state and national-level ministries, departments and agencies (MDAs), as well as civil society organisations working on development, peacebuilding and gender equality. Although the study is focused on Plateau State, other states in Nigeria can learn from its findings and recommendations. Furthermore, the team hopes the study will contribute to international debate and analysis, including by examination of relevance of findings and recommendations for other contexts.

Please see British Council, Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria, (British Council, 2012) for more information

An example of ways girls with disabilities are further marginalised is that in Nepal, the survival rate for boy children years after they have had polio is twice that of girl children, despite the fact that polio affects equal numbers of boys and girls: Thematic Group on Violence Against Disabled Children, UN Secretary General's Report on Violence Against Disabled Children: Findings and Recommendations, (UNICEF, 2005).

People with disabilities, who make up 15 percent of the global population, are estimated to comprise 20 percent of the 'poorest of the poor: World Health Organisation

and World Bank, World Report on Disability, (WHO & World Bank, 2011).

S. Salisbury and L. Roberts, 'The Practice of Ritual Killings and Human Sacrifice in Africa,' Human Rights Brief (Centre for Human Rights and Humanitarian Law,

September 2012)

<sup>5</sup> C. Akhidenor, Nigerians' Attitudes Toward People with Disabilities. PhD. Cappella University, (2007); N. Amusat, 'Disability Care in Nigeria: The need for professional advocacy,' African Journal of Physiotherapy and Rehabilitation Sciences, 2009 1(1); C. Barnes and A. Sheldon, 'Disability, politics and poverty in a majority world context.' Disability & Society 2010 25 (7) 771—782; T. Hamzat, and O. Seyi-Adeyemo, 'Health Status, Self-esteem and Participation: A Comparison Between Young Adults with Mobility Disability and Those Without Disability in a Nigerian Community, Scandinavian Journal of Disability Research 2008 10 (3).

## CONTEXT

## WOMEN, DISABILITIES AND **CONFLICT IN INTERNATIONAL** CONTEXT

Through National Action Plans (NAPs) on Women, Peace and Security, the Maputo Protocol to the African Charter on Human and Peoples' Rights.6 other regional treaties and declarations and UN General Assembly and Security Council Resolutions, countries have recognised women are disproportionately affected by violent conflict and are a considerable and untapped resource for conflict resolution and peacebuilding. However, this recognition of the need to centre women, peace and security has yet to translate to sustained tangible change in the lives of women and girls. Moreover, women and girls with disabilities as a specific group have not been explicitly addressed or included. This is despite people with disabilities being the world's largest minority,7 making up 15 percent or 1 billion of the world's population,8 with women comprising three quarters of people with disabilities in low and middle income countries?

The impact of violent conflict on people with disabilities is marked. Over half a billion people with disabilities live in countries affected by conflict and natural disasters. Violence causes disability and increases the vulnerability of people with disabilities to harm. For every child killed as a result of armed violence, 100 children are left with permanent, life-long disabilities.10 In contexts of displacement, the mortality rate for children with disabilities, often the last to receive medical care and food, can reach 80 percent.11 Conflict

and violence lead to trauma that, if left untreated. can result in permanent and debilitating psychosocial disabilities. Yet, mental health is not adequately resourced, even though depression and Post-Traumatic Stress Disorder (PTSD) is the second-leading cause of disability in post-conflict countries.12 Although all people with disabilities are marginalised.13 the experiences of women and men with disabilities differ. For example, women with disabilities are twice as unlikely to find work as their male counterparts.14

Women and girls with disabilities continue to be more vulnerable to violence, exploitation and abuse. They are less able to access justice and be marginalised from decision-making.<sup>15</sup> For example, after 20 years of war in Uganda, many women with disabilities who wish to leave camps to go home are unable to do so alone and face isolation and abuse. They face stigma, lack access to justice and are excluded from community meetings. As of 2010, there were no known government efforts to proactively protect women with disabilities from violence or dispel perceptions and stereotypes.16 In Cambodia, no policies exist to address the types of violence and barriers women with disabilities face and services do not know how to include them sufficiently. This is in spite of evidence showing they are more likely to experience controlling behaviour from partners, abuse and violence from family members and injuries from household violence than women without disabilities.17

<sup>4</sup> Article 23 of the Maputo Procol undertakes to ensure special protection of women with disabilities: The State Parties undertake to: a) Ensure the protection of women with disabilities and take specific measures commensurate with their physical, economic and social needs to facilitate their access to employment, professional and vocational training as well as their participation in decision-making b) Ensure the right of women with disabilities to freedom from violence, including sexual abuse, discrimination based on disability and the right to be treated with dignity.

UN Enable, Fact Sheet on Persons with Disabilities, available at http://www.un.org/disabilities/documents/toolaction/pwdfs.pdf, last visited 06.08.2015

World Health Organisation and World Bank, World Report on Disability, (WHO & World Bank, 2011).

R. de Silva de Alwis, Disability Rights, Gender, and Development: A Resource Tool for Action, (Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs, United Nations Population Fund & Wellesley Centers for Women, 2008).

<sup>10</sup> Presentation by Office of the UN Special Rapporteur on Disability, 'War, Armed Conflict and Disability: Challenges, Statistics, Facts,' delivered in Djerba, Tunis on 24th October 2007, available at: http://www.srdisability.org/presentations/presentation\_war\_oct07.html, last visited 06.08.2015.

M. Karanja, 'Disability in Contexts of Displacement,' 2009 Disability Studies Quarterly 29 (4).

Above n.10

<sup>13</sup> For example, in Gaza, people with disabilities experience complications, long-term disability including mental health problems and death due to lack of follow-up suspended treatment, delayed access to healthcare and continuing insecurity: World Health Organisation, Gaza Strip Health Cluster Bulletin No 2-4 February 2009 http://www.who.int/hac/crises/international/wbgs/sitreps/gaza\_health\_cluster\_4feb2009/en/index.html, last visited 06.08.2015.

S. Amade and S. Haefner, 'Gendering the Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities,' *Legal Background Paper*, (Disabled Peoples' International, 2006).

<sup>15</sup> S. Ortoleva, 'Right Now! Women with Disabilities Build Peace Post Conflict,' Barbara Faye Waxman Fiduccia Papers on Women and Girls with Disabilities, (Centre for Women Policy Studies, April 2011).

S.R. Barriga and S-R Kwon, 'As If We Weren't Human' Discrimination and Violence against Women with Disabilities in Northern Uganda, (Human Rights Watch, 2010)
 J. Astbury and F. Walji, 'Triple Jeopardy: Gender-based Violence and Human Rights Violations Experienced by Women with Disabilities in Cambodia', AusAID Research Working Paper, (AusAid, 2013).

The United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) protects the rights and dignity of people with disabilities. State parties, including Nigeria,18 are required to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. 19 Article 6 of the convention specifically addresses women with disabilities: 'State Parties recognise that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.'

## **CONFLICT AND VIOLENCE IN NIGERIA**

Nigeria is currently experiencing rising, persistent and worsening violence, with insurgency in the North-East, conflict over land and water in the Middle Belt and tensions over environmental degradation due to oil spills and gas flares in the Niger Delta. Government, security agencies and civil society have tried to address violent conflict through laws and policies that aim to tackle insecurity<sup>20</sup> and increasing attention and programming around peacebuilding. Gender inequality is a cause of conflict, a consequence of conflict and a form of conflict. Research shows the factor most correlated to whether a country will experience internal and external conflict is its level of gender inequality.<sup>21</sup> Although the nature of this relationship and causality is unclear, there is significant statistical association between norms and attitudes toward gender equality and levels of political and socioeconomic gender equality, absence or presence of armed conflict and general peacefulness.<sup>22</sup> Looking at women's rights, peace and security is therefore not only important in itself but essential for preventing violence in Nigeria and ensuring meaningful and sustainable peace.

Women and girls experience conflict differently from men and boys. They are much more likely to be survivors of gender-based violence. They also experience the brunt of displacement and food insecurity, with the burden of providing for families and communities falling disproportionately on them. Women in Nigeria have also been key actors in easing tension, fighting for rights and justice and promoting dialogue, but this is often not recognised, with women excluded from formal peacebuilding processes. Nigeria adopted its National Action Plan for the Implementation of United Nations Security Council Resolution 1325 and Related Resolutions in Nigeria in August 2013. It commits to action with its five pillars focusing on:

- ! prevention of violence against women and girls
- protection from all types of violence
- women's full participation in conflict prevention, peacebuilding and post-conflict recovery
- promotion of awareness, ownership and funding
- prosecution and quick trial of perpetrators of gender-based violence to end impunity

There are approximately 25 million Nigerians with disabilities in the country, with 3.6 million of them having very significant difficulties in functioning.<sup>23</sup> This number has been increasing, in large part due to conflict and violence in the country.

At the time of publication of this report in August 2015, Nigeria was poised to pass significant legislation of relevance to women and girls with disabilities. After 13 years of work by women's rights advocates, its Violence against Persons Prohibition Act was passed in May 2015.

Nigeria signed and ratified the UN Convention on the Rights of Persons with Disabilities in 2007

<sup>19</sup> Art 1 UN Convention on the Rights of Persons with Disabilities. Examples include the Terrorism Act 2011, the Soft Approach to Countering Terrorism, National Action Plan for the Implementation of UNSCR 1325 and Related Resolutions in Nigeria, conferences on conflict between farmers and pastoralists and increased will for cross-government coordination

V. Hudson et al, Sex and World Peace, (Columbia University Press, 2012).

<sup>22</sup> A. Ekvall, 'Gender Equality, Attitudes to Gender Equality,' Advances in Gender Research, 2013 18A 273-295.
23 Although the figure of 19m Nigerians with disabilities is often used, the World Health Organisation and World Bank cite a figure of 25m: World Health Organisation and World Bank, World Report on Disability, (WHO & World Bank, 2011).

Advocates are pushing the Gender Equality Bill and the Disability Rights Bill through the legislative processes. Once law, domesticated at the state level and implemented, these pieces of legislation will strengthen the legal and policy framework within which Nigeria protects, promotes and empowers women and girls with disabilities.

## CONFLICT AND VIOLENCE IN PLATEAU STATE

Plateau is a multi-ethnic state with over 60 ethnic groups present. In recent decades, it has experienced recurrent violence. Extensive violence took place in 2001, 2004, 2008, 2010 and 2011. Attacks on farming and pastoralist communities have fed tension and violence, with sporadic attacks in one part of the state leading to reprisal attacks in other areas. Sectarian violence that takes place in Plateau heightens tension across Nigeria. However, Plateau State also has a long history of people, groups and organisations that work on peacebuilding and have had success in ensuring violence is contained. In addition, the previous state administration had Special Advisers to the Governor on Peacebuilding, NGOs and Disability Affairs. Due to a change in administration following the 2015 elections, new advisers have yet to be appointed as of the time of writing. Once appointed they, together with the State Ministry of Women Affairs and Social Development (MOWASD) and the Plateau State Disability Rights Commission, will create a strong policy framework for engagement. At the local government level, MOWASD welfare departments are mandated to provide for survivors of violence, and over 50 advisors on disability rights - predominantly people with disabilities themselves –are appointed to guide decision-makers.24Although these structures need to be strengthened, they are promising signs of the government's commitment. The Joint National Association of Persons with Disabilities (JONAPWD)<sup>25</sup> has chapters in every LGA and aims to channel the concerns of people with disabilities to relevant authorities.

The LGAs where the study took place are Bokkos, Jos North, Riyom and Wase. The methodology section of this report gives the justifications for these choices.

**Bokkos** made headlines in March 2013 following attacks in two villages resulting in dozens of deaths and loss of property. Bokkos has since become a trouble-spot, with many residents living in fear due to the high rates of violence there. An example of this violence is the attack in Mbar where a woman and her children aged three and five years old, were killed on 13 September 2014.

Jos North experienced clashes between Christian and Muslim groups in 2010. Due to its devastating effects, including the destruction of livelihoods, many have described this incident as one of the largest in the country in recent times. Since then, violence and displacement have reshaped the area.

**Riyom** has experienced frequent communal violence in recent times. Violent conflict took on increased dimensions in June 2012 when a party chieftain, his wife and his child were attacked and killed in the village of Rim. Since then the LGA has recorded several cases of violent conflict. Much of the violence here has been between pastoralists and farmers.

Wase has witnessed several attacks on its communities. The violence has resulted in people leaving southern Plateau State to find refuge in neighbouring areas such as Shendam, Langtang North, Lafia in Nasarawa State, and parts of Taraba State. It is difficult to state the actual causes of violence in this area but its effects on people are very visible.

<sup>&</sup>lt;sup>24</sup> Please note that these advisers are yet to be appointed following the change in administration in May 2015.

<sup>28</sup> JONAPWD is the umbrella body of Nigerians with disabilities. It came into being in 1992 at the first conference of people with disabilities in Nigeria at the University of Jos. The conference aimed to bring all disability groups together under one umbrella.

## **METHODOLOGY**

This study examines the impact of violence and conflict on women with disabilities in four LGAs of Plateau State. Although other areas have similar dynamics, limited resources required geographical focus when it came to research locations. Four LGAs were chosen due to their history of violent conflict, recent outbreaks of violence, peacebuilding efforts by civil society, and existing work carried out there by Inclusive Friends and the Nigeria Stability and Reconciliation Programme (NSRP). Jos North and Riyom in the Plateau North, Bokkos in the Plateau Central and Wase in the Plateau South senatorial zones were the LGAs selected. No figures as to the total population of people with disabilities in these four LGAs exist, emphasising the need for proper collection of data so the scale of need is known.

The research team undertook a cross-sectional descriptive study using **key informant questionnaires** (KIQ) and a **focus group discussion** (FGD) guide. The questionnaire was administered to 188 respondents. A total of 82 people were involved in three focus group discussions held in each of the four LGAs comprising of women with disabilities, their caregivers and women without disabilities.

Research participants were women with disabilities, their caregivers and family members. women without disabilities, civil society organisations, representatives from security agencies, and community and religious leaders. Researchers decided to focus on adult women over the age of 17 with physical and sensory disabilities.26 Due to the potential risk to respondents, researchers wished to ensure that full consent was provided and support structures in place to provide safety and security. As a result, it was agreed not to speak with women with intellectual and mental disabilities or girls under the age of 17 as this could not be guaranteed for them. Inclusive Friends and NSRP recognise the vulnerability of women with

intellectual and mental disabilities to violence, and their added barriers to escaping abuse, and commit to integrating this understanding in follow-up programmatic and advocacy work.

Participants were selected through a mix of methods. Women with disabilities were selected through their membership in JONAPWD chapters and Inclusive Friends support groups as well as connections provided by the Islamic Counselling Initiative of Nigeria (ICIN), the Women's Initiative for Sustainable Community Development (WISCOD), and NSRP civil society partners working in these communities. Women with disabilities who were not part of these structures, but who had heard about the study. also participated. Their caregivers took part in the KIQs and FGDs. JONAPWD identified those who had influence in communities, such as traditional and faith leaders, and they participated in key informant questionnaires. Representatives from civil society organisations, security agencies, MOWASD, and LGA social welfare departments also took part in key informant questionnaires

Prior to data collection, a methodology workshop was held and research tools revised and strengthened based on feedback received and a pre-test. Translation was discussed and agreed to ensure consistency and to prevent language issues affecting responses. The team was given training on understanding disabilities to ensure sensitivity and respect for participants, including through use of terminology. The research team also worked with JONAPWD through their local chapters to inform and sensitise caregivers and people with disabilities from the four LGAs about the study so they were prepared and had a chance to reflect on their participation. The research also reached out to inform and obtain consent from community leaders. Concerted efforts were made to engage civil society and government throughout the research process.

Data collection was undertaken between 26 August and 2 September 2014. All venues were close to the homes of the women with disabilities and fully accessible. However, the research team and participants sometimes had difficulties in moving between homes and the venue. Sign language interpreters and consent forms in Braille were provided for FGDs and KIQs, where the participant had hearing, speech or visual impairments. Women with missing limbs gave their verbal consent to participating in the study but, as they were unable to sign consent forms. their caregivers did so on their behalf. Time considerations were built into FGD and KIQ delivery for women with hearing and speech impairments who spoke slowly. The KIQs were administered in the language appropriate for the respondent in order to ensure communication and comfort.

A validation workshop was held in October 2014 at which preliminary findings were presented and discussed by the research team, civil society, participants, media organisations and government representatives.27

Throughout the process, the research team took an emancipatory approach. Key principles of this approach are reciprocity, shared disclosure between 'researcher' and 'researched', and empowerment or emancipation of people with disabilities.<sup>28</sup> Given the marginalisation and disenfranchisement women with disabilities often face, we believed it particularly crucial to ensure voice, leadership and empowerment, and build experience and capacity in research. This study was the first time women with disabilities who formed part of the team had conducted any research. We looked for but were unable to find women with disabilities with research experience in Plateau State, another indication of lack of educational opportunities for this group. As a result, women without disabilities from academic institutions formed part of the team.

There were four research teams for the four LGAs. Each team comprised of a woman with a

disability from the community, an academic woman without a disability and a man with a disability who spoke with male caregivers. This team composition enabled ownership and credibility of the research by women with disabilities, and elicited information from male caregivers which they may not have shared with women researchers. Given the research focused on experiences of violence and conflict, it was necessary for it to be only women who spoke with other women so they felt able to share. Having women with disabilities in all research teams ensured the process was empowering and boosted confidence. It also added to levels of comfort of the women with disabilities who took part who felt able to share their experiences with women like them.29

The team worked with JONAPWD local chapters to enable engagement and ownership by female and male leaders with disabilities from the communities concerned. The team also involved research participants in the validation workshop, enabling them not only to validate findings but share their experiences and ideas for change with decision-makers present.

Follow-up support for participants was provided through Inclusive Friends support groups, women with disabilities from communities who were part of the research team, and JONAPWD chapters. This was particularly important given the sensitivities and risks associated with the issues discussed, including that of retraumatisation. Both Inclusive Friends and NSRP will use research findings and recommendations to inform ongoing work in these LGAs to further empower and protect women who took part.

The methodology used and the subject examined presented a number of challenges. Access, especially in Riyom and Wase, was difficult due to displacement. Many people with disabilities from Riyom were seeking refuge elsewhere. FGDs and KIQs needed to be rescheduled and took place in Langtang North.

Sociology 699-716 for more details.

<sup>&</sup>lt;sup>27</sup> This included representatives from the International Federation of Female Lawyers, the National Union of Journalists, Silverbird Communications, the National Human Rights Commission, State Emergency Management Agency, National Directorate of Employment and the Special Adviser on Disability Affairs.

Please see E. Stone and M. Priestley, 'Pawns, Parasites and Partners: Disability Research and the Role of Non-Disabled Researchers,' 1996 47(4) British Journal of

<sup>29</sup> Research shows attitudes completely change and more radical opinions are expressed when the researcher and research participant share common identities such as race, age, sex and accent. As a result, research findings can be dependent on the identity of the person facilitating discussion and asking the questions: T. May, Social Research: Issues, Methods and Process, (OUP, 2011).

In Wase too, a number of respondents were staying outside town and needed to be transported for security reasons. Recent clashes also affected the compilation of results, with data arriving late due to insecurity and violence.

The team also faced attitudinal barriers. People with disabilities are often seen as the recipients of charity and stigmatised, not consulted and marginalised. Many feel they are not treated as human beings. Many women with disabilities were hesitant to take part due to previous exploitation and were understandably wary about speaking of their experiences. Most people with disabilities are dependent on families and

caregivers and so women were scared to share their stories for fear they would be abandoned, especially as social services were not in place to meet their needs. The research team had to build in time to create a safe space, put women at ease and encourage them to speak. Many of the women left the sessions feeling more relaxed, having been able to speak out about their experiences.

The study had a small sample size and is qualitative in nature. As a result, statistics provided below reflect responses among respondents alone. They should not be seen as representative.

## THE REALITIES OF WOMEN WITH DISABILITIES IN PLATEAU STATE

"They don't view us in the first place as human beings. They see the disability first before the person." 30

Important challenges affecting women with disabilities include mobility, lack of education, unemployment, stigma, discrimination, hygiene and lack of proper care. There are many pervasive and widespread social and cultural stereotypes and misperceptions about people with disabilities. They are seen as less human, faulty, witches, less productive, illiterate and repulsive. They are also seen as arrogant and quick-tempered. There are many social myths in Nigeria that worsen the lives of people, especially women, with disabilities.

Respondents spoke about how children who crawl on the floor because they are unable to use their legs were thought to turn into snakes at night and eat insects in the bush. This perception was more widespread before awareness campaigns about polio and is no longer the case today. However, many beliefs still persist. For example, in rural areas it is believed that those with 'hunchbacks' and who have albinism bring wealth and power when used in rituals. It is thought that having sex with women with intellectual and mental disabilities also brings wealth and power. This leads to the increased likelihood of albinos and those with 'hunchbacks' being killed and women with mental disabilities being raped.

In addition, people with disabilities face stigma and other forms of discrimination. Families often want to keep them hidden indoors, away from visitors and unable to leave the house or play with their peers. This may be due to overprotectiveness, but also due to shame at having children with disabilities. Women and girls with disabilities may not be treated well by family members and caregivers, who may become tired and frustrated with providing long-term care in a context where the burden of care falls on families due to the lack of a social welfare system.

"With all that is happening around, our parents don't care about us. I am deaf and cannot hear. When my life changed to deaf, I can sell my body because I need money. We want our government to hear."

- Aisha, hearing impaired woman from Jos North LGA

Respondents spoke of how women who give birth to children with disabilities or whose children become disabled are blamed for being negligent or careless during pregnancy. For example, poor women who are unable to feed themselves adequately during pregnancy bear the brunt of responsibility despite partners not always being supportive in terms of antenatal care. This perception is highly likely to affect status within the household, especially where there are multiple wives. They may lash out at these children as a result

Kaneng, a visually impaired woman from Riyom LGA said, "At the early stages of my blindness I could not do much for myself. My mother would have to accompany me to wherever I was going to. One of those days, she took me out to visit a sick friend. While we were there, I was pressed and needed to use the toilet. My mother said I have to hold my bowel because we weren't set to leave else I may as well go ahead and poop on myself. I was hurt at her statement, the people around were even more shocked at her. I felt even bad because before my predicament, I had assisted the family in many ways but all that has changed now because I am a blind woman. I have gotten used to feeling irrelevant at home just because I have a disability."

Girls with disabilities are likely to be withdrawn as a result of these misconceptions and treatment. This persists into womanhood. Boys with disabilities also face discrimination and abuse, but respondents felt they were less likely to experience this to the same extent. Despite their disabilities, boys are still valued by their families and communities and seen as superior to the girl child because of their ability to inherit property and land, carry the family name, and contribute to decision-making.

Respondents felt men with disabilities often find it easier to get married. This difference is because of unequal power relationships between women and men and to gendered expectations of women's main purpose as being wives and mothers. Women with disabilities are seen as asexual, believed not to be able to give birth, dependent and unable to fulfil the traditional female domestic roles of cooking, cleaning and caring for home, children and families.

"In Africa, a man is a man, and is valued more than a woman, whether or not he has a disability." - Simi, woman with physical disability

Despite perceptions of their asexuality, women and girls with disabilities discover that men want to have sex with them but not date them openly because they are ashamed of them. One of the respondents remarked that even male students with disabilities do not want to date female students with disabilities. This was an often repeated narrative. Girls and women with disabilities are much more likely to have low self-esteem which adds to their vulnerability to exploitation and abuse. Here are two of the many stories:

'We noticed that Uhuam was so sick and couldn't even get up. We had to rush her to a nearby hospital. To our shock, we noticed she was actually in labour and due for delivery. We were all surprised because not only did she have a disability that confined her to one place but she hardly visited anyone. It was difficult getting her to talk about the person responsible for the pregnancy but she eventually opened up. It was a young man, a neighbour who would always

sneak into Uhuam's room when no one was around, and it continued for a long time until she got pregnant. When news broke out about Uhuam's pregnancy, the man ran away from the community, leaving Uhuam with the responsibility that comes with childbirth. Sadly the case was never reported to the police or any welfare service so we lived with the silence until the baby eventually died. The man responsible returned after some years and no one spoke a word about Uhuam and the baby, neither has the man's family shown any form of remorse or compensation. Maybe it would have been different if she wasn't a girl with disability.' Mary, woman without disability from Bokkos LGA

'We have noticed that very few guys want to date visually-impaired girls because of misconceptions surrounding disability and us. I have dated a few guys who would want to make love to me in the bedroom but are ashamed to walk with me in public or introduce me to his friends as his girlfriend. This hurts badly because it makes us feel like less human, like we are not complete. Some students even laugh at us when we try to dress well with matching colours. No one expects us to live normal lives just because we have disabilities.' Zainab, a visually-impaired woman student from Jos North LGA

Women who acquire a disability may be abandoned by their partners who are unable to cope with the change and stigma. According to Hauwa, a woman with a physical disability from Wase LGA, 'I have been married for 20 years with children. I don't remember having any issues with my husband within this period of our marriage until last year when I was struck with a strange illness that made it difficult for me to use my feet. Eventually I became partially paralysed from my waist down. I noticed the change in my husband's attitude; he became worse by the day and soon divorced me for no reason. He also sent me packing to my parents' house with the children... He has not visited or checked up on me or our children. I am now completely dependent on my parents since I lost my means of livelihood because of my illness. Disability has a way of making you hate yourself sometimes. It's even worse when people treat you bad because of your disability.'

Women with visual impairments are often taken advantage of by those around them. For example, respondents spoke of finding taxi drivers who had not given them complete change for their payment, or their belongings stolen from their rooms or from outside their homes. Their privacy is often invaded, for example when having their baths, and it is assumed they do not know of this.

'Back then when students with disabilities benefited from the Federal Scholarship Board, I needed to access money from the ATM machine so as to complete my documentation process at the Board. On my way to the bank I ran into this supposedly nice guy in the cab, so we got talking till we got to the venue. Because of the level of conversation we had with him. I had reasons to trust him a bit, especially when he offered to help me out with the registration process. So I gave him my bag to get my documents only for him to steal money inside. I screamed for help when I noticed my money was missing but I couldn't even recognise him because I was visually impaired. I was stranded and had to beg for transport home.' Funke, visually-impaired student from Jos North LGA

#### **EDUCATION**

"He thinks we should be content we can even go to school and have people tolerate us."31

Children with disabilities are seldom sent to school as many families keep them indoors and hide them. When families are struggling for survival, the education of a child with disabilities can be seen as a waste of time and resources, with money better spent on food or a child without a disability who is seen as more productive. It can also be an attempt to protect children from harm. Girls with disabilities are even less likely to attend schools than boys with disabilities, given societal preference for educating boys over girls. Menstruation also affects enrolment, especially of girls unable to take care of themselves. As a result, girls with disabilities often drop out of school when menstruation starts.

Even when children with disabilities do access education, they face difficulties and challenges. 'Regular' schools are often not integrated and may not be responsive or accessible to their needs. Teachers may not be trained in special education or know how to teach children with disabilities. 'Special' schools lack facilities such as toilets, bedding, food and water.

University structures and transportation between hostels and lecture halls are not accessible. There is often a scarcity of water which disproportionately affects people with disabilities. People with visual impairments need to spend extra money to translate materials and handouts into Braille as well as buy tape recorders to record lectures. Most hearing and speechimpaired women have to attend special education classes where sign language interpreters are available. They are often ridiculed and marginalised and their property stolen. This exposes university women with disabilities to sexual violence and exploitation from classmates who offer 'help.' This will be explored more in detail below.

'Our accommodation is terrible in school and we dare not complain about it. The last time we tried raising concerns at the bad treatment we face from other students, the dean didn't sound nice; he threatened removing us from the hostels and called us ingrates. He thinks we should be content we can even go to school and have people tolerate us and not make any demands for our rights. That's not all: some students peep [at] us when we have our baths and they talk about it freely as if it was cool.' Felicia, a visuallyimpaired woman student from Jos North LGA

#### **HEALTHCARE**

"When going to see the doctor, the doctor does not understand but just prescribes drugs." 32

Women with disabilities face many challenges accessing healthcare. Structures are physically inaccessible, with stairs, narrow doors, high hospital beds and toilets which are not spacious enough for wheelchairs. Medical personnel have little knowledge and experience of how to

These words were spoken by Felicia, a visually impaired woman student from Jos North LGA.
 These words were spoken by Patricia Gyang, Chair of the Plateau Deaf Women's Association

manage the care of women with disabilities. Women with disabilities have been asked, 'How can we help you?' due to this lack of knowledge.

"When deaf women are pregnant and taken to the hospital, they cannot hear and do not understand due to the lack of interpretation. When going to see the doctor, the doctor does not understand but just prescribes drugs."

- Patricia Gyang, Chair of the Plateau Deaf Women's Association

For example, there is judgment and disbelief that women with disabilities can become pregnant and an automatic assumption that a Caesarean section is the only option. Due to the distance and lack of accessibility between maternity wards and where babies are cared for and monitored, women with disabilities are encouraged to express milk to be transported to the baby rather than to breastfeed which can affect bonding with their child. Women with disabilities are unlikely to go for antenatal care due to the stigma and poor treatment they face from medical personnel, as well as challenges in mobility and the poverty they experience. Indeed, due to lack of money, women with disabilities are often unable to access medical interventions at all

## EMPLOYMENT, POVERTY AND FINANCIAL EMPOWERMENT

Poverty and disability were found to be mutually reinforcing, with one both causing and resulting from the other. Only 35.4 percent of all respondents thought women with disabilities were employed, with the majority (54.1 percent) believing they did not have any source of income. Differences were noted among the focal LGAs, with more women with disabilities having access to a source of income in Wase, particularly compared to Riyom and Jos North.

Due to their lack of education and marginalisation from schools and skills acquisition programmes, most women with disabilities find it difficult to gain employment. Inaccessible workplaces pose grave challenges as they are not physically accessible, do not work in Braille and lack any provision for sign language interpreters. This is exacerbated by the misconception that women with disabilities have lower intellect. Potential employers judge applicants on their disabilities rather than their intellectual ability. Skills acquisition programmes see women with disabilities as only capable of knitting, weaving mats and making soap. However, women often lack buyers for their goods as there is little market for these items. especially as customers are reluctant to buy from women with disabilities.

Surprisingly, 63.8 percent of respondents (including both those with and without disabilities) believe women with disabilities are able to inherit the property of relatives. This is unexpected given women in general find it difficult to be able to inherit and other responses provided. Only 36.8 percent of respondents believed women with disabilities have financial decision-making power over earning and expenditure, with 41.4 percent believing family members - and 13.8 percent believing the spouse - makes financial decisions. Caregivers and family members feel they have more control over women with disabilities and so have the power to dictate how her money is spent. As women with disabilities are dependent on caregivers, for example to access bank accounts or purchase goods at the market, they are often unable to change this.

"When deaf women try to help themselves, they are unable to get jobs and so decide to be self-employed. However when they see you are deaf, for example, when selling groundnuts, they tell you that you should not come again and go away."

- Patricia Gyang, Chair of the Plateau Deaf Women's Association

# EXPERIENCES OF VIOLENT CONFLICT AND CRISES

"People living with disabilities are less likely to receive the support they need during a humanitarian crisis and they are also less likely to recover in the long-term" 33

Of all respondents, 89.9 percent thought the impact of conflict on women with disabilities was severe or very severe. Despite the fact that interventions are made during conflict in Plateau State, respondents felt not much is being done for people with disabilities.

### **DIFFICULTIES FLEEING VIOLENCE**

When mechanisms used to warn communities of risk and danger do exist, they do not reach out to women with disabilities. As a result, they are at a significantly higher risk of injury, acquisition of another disability, and death. They also experience conflict-related gender-based violence. For example, women with hearing impairments cannot hear gunshots or shouting which warn of risk. Attempts are seldom made to reach them and their families. For example, in Mbar in Bokkos LGA in September 2014, a hearing-impaired woman and her hearingimpaired son slept through gunshots and screams while the rest of the community fled away from the armed group advancing. When the gunmen arrived, the mother was shot and killed in her sleep. Her son, who ran towards the attackers as he was unable to hear the direction of the shots, was also shot and killed. They made up two of the five people in the community who were killed, showing people with disabilities can be more likely to be injured and killed during violent conflict.

Women with disabilities are often abandoned. This may not be deliberate but they are left behind because they are seen as an inconvenience during periods of crisis when everyone is running away. Those with disabilities

are often left alone and suffer the trauma of not knowing when or where the danger is coming from. For example in a Riyom village, the community had received warning that a raid was about to take place. Community members placed the people with disabilities and the elderly in a room which they locked before escaping themselves. When the attackers came, they set the room alight and everyone in the room was burnt alive. This is just one of many cases that came to light during the research.

When women with disabilities do try to escape, they face immense difficulties. They are often reliant on others to carry them to safety or have to try to escape, regardless of their limited mobility or visual impairment.

"Me, I am deaf, I sit in the room, cannot hear what is happening. When fighting comes, everyone saves their life, I sit in the room. Our community should love one another."

- Aisha, hearing impaired woman from Jos North LGA

'During one of the conflicts in my village, people were running in different directions out of confusion. My family ran away to for safety, but left me behind. It was a passer-by that advised me to run to the barracks for safety. He didn't stop to carry me because of fear so I had to crawl on the ground with my hands all the way to the barracks. In an attempt to cross the river into a neighbouring community, I fell into it, almost drowning. My saving grace was a man who saw me and quickly helped me out of the river. He eventually took me to the village for safety but I haven't stopped wondering what would have happened to me had he not showed up.' Godiya, a woman with a physical disability from Bokkos **LGA** 

<sup>33</sup> These words were spoken by DaoudaToure, Residence Coordinator of the United Nations system in Nigeria and reported here: M. Simire, 'Living with disability, disasters,' Daily Independent Nigeria (2013).

'During the first Jos crisis which occurred in 2001. I was providing care to my son who was admitted at an orthopaedic hospital in Jos. One of his legs has just been amputated as a result of injuries sustained from a motor accident. In one of those days, we heard sounds and then everyone running away in different ways. We knew there was trouble, it was the crisis. The hospital management advised everyone to run for safety so I had to carry my big son on my back as we sought for means of escape. We couldn't get home because roads were blocked so we decided to hide in a nearby bush for five days. Within that period, we didn't have food or water, the closest we had was rain water. Finally soldiers came to our rescue. On our way home we found dead bodies littered everywhere. My son became heavy at some point for me to carry and was forced to walk on one of his legs, it wasn't a good experience for either of us but we are glad we are alive today.' Hajiya Hajara, a woman caregiver without a disability from Wase LGA

Women with visual impairments often do not know what is happening, where they are or how to get to safety. They often suffer as they do not know to where to run to for protection. They may be left in areas that are not safe for them. During the research there were two examples collected of women with visual impairments purposely being left in unsafe areas. For example, when religious tensions are high in Jos, it is not safe for Muslims to be in Christian areas and vice versa. Those found there may be attacked and killed.

'During the 2010 crisis in Jos, I had just finished classes from school and was on my way home. I had no idea there was tension in town but I guess the driver sensed the panic in town and dropped me at Angwan Rogo, which was a Muslim-dominated area, and fled for safety. I didn't even know I was at the enemy's camp until a woman came to my aid and took me to somewhere a bit safe. I would have lost my life that day had it not been for that nice woman who helped me even though I was a Christian.'
Chundusu, a visually-impaired woman student, Jos North LGA

Alternatively, there have been instances where women have mistakenly run towards attackers

and, as a result, been attacked and killed.

'The story that really touched me was that of a visually-impaired lady. She was cooking when everyone started shouting. Couldn't get her kid, started running. Nobody to help her. Instead of running towards safety, she ran into enemy's hands and was raped until she passed out. Then they thought she was dead. She woke up and found herself in the hospital pregnant. Up to now, whenever she finds herself alone, she fidgets. Women with disabilities need rehabilitation. In crisis situations, women with disabilities suffer the most. I can run from danger but them, they cannot see. Their caregivers tend to leave them. Their caregivers violate them.' Researcher in Rivom

Women with disabilities are often viewed as unhelpful in largely agrarian areas because they are seen as being unable to farm. As a result, when violence occurs and they are affected, their loss is often not felt heavily by the community. Further, as people with disabilities can be perceived by other community members as witches, they are sometimes blamed for larger misfortunes, including when violence and conflict affects the community. As many live alone and are isolated, this – together with stigma, exclusion and poverty – can lead to their becoming scapegoats.

Although the scope of the research is to look at the experiences of women with disabilities, men with disabilities experience many of the same issues outlined above in terms of being abandoned and facing difficulties in getting to safety.

## LOSS OF MOBILITY AIDS AND CAREGIVERS

In the rush to escape violence, both the woman with disabilities and her aids are seen as limiting chances of escape. When women with disabilities are helped to escape, they and their caregivers are forced to make the choice to leave mobility aids behind. These aids can include wheelchairs, medicines, crutches, white canes and hearing aids.

'Bullet, guns and tears hurt us when it comes to conflict. I was able to escape because I was not with disability during the 2001 conflict in Jos but by the 2008 conflict, I had acquired a disability in 2004. I started shouting for my brother who was not around. When he came home, he backed me as he could not run with my wheelchair and got us to a safe place.' Nenadi, woman with a physical disability

Once mobility aids have been left behind, the woman concerned is no longer able to move independently and becomes more reliant on others. She is confined to one particular spot and unable to provide for herself. If medicines have been left, this can cause serious and long-term health consequences and may even lead to death. Many women do not possess the money to be able to replace the aids that were lost. Slow relief responses means getting substitute aids is a slow process, when it does happen. Respondents felt providing aids for people with disabilities were not seen as a priority by those responding to crisis and violence.

Violent conflict can also lead to the loss of caregivers who may have been killed or separated from women with disabilities. As a result, even if she finds her way to a camp for internally displaced persons (IDPs), women have no form of assistance or support. IDP camps in Nigeria are often inaccessible and do not make provisions for people with disabilities. She is also at greater risk of exploitation and gender-based violence. In addition to the trauma of her own experiences of conflict, violence and escape, she is further traumatised by worries about her caregiver or by their death. Women may have also lost their children and other vulnerable family members because they were unable to help them to safety and may feel guilt as a result.

'One of the women told me how she had to drop her little children in a nearby stream in a bid to swim to safety but lost them eventually because the water swept them away. She still hasn't forgiven herself for the death of the children, she told me she still grieves for them. I feel it even more because I had worked at a nurse in a hospital where she was delivered of the baby so I know how she loved them only for conflicts to take them away from her.' Ufulul, a woman without disability from Bokkos LGA.

## EXCLUSION FROM FORMAL PEACEBUILDING PROCESSES

Women with disabilities can contribute immensely in peacebuilding. They already mobilise other people with disabilities for peace, intervene with family and community members to prevent violence and increase awareness of the importance of peace. They bear the brunt of conflict, losing lives, livelihoods and family members as well as experiencing sexual violence, yet they are absent from formal peace processes. Although a large percentage of respondents felt women with disabilities do not take part in peacebuilding processes in Riyom and Jos North, findings from Wase were more balanced. Overall, 42.5 percent of respondents felt women with disabilities are involved in peacebuilding in their communities.

Women with disabilities spoke of not usually being invited to community peace forums. When they did take part, they were not given a role and so were unable to contribute their perspectives, skills and talents. Women with disabilities also felt they were not seen as among those who need to participate in early warning and early response mechanisms, with material not provided in formats accessible for them.

Exclusion from peacebuilding is symptomatic of exclusion from communal decision-making in general. The majority of the respondents (59.8 percent) indicated that women with disabilities were not involved. Due to their perceived low intellect, it is often thought women with disabilities cannot play roles in decision-making in the household and community. As a result, women with disabilities are viewed as irrelevant, as being without contributions to make and so are marginalised from society.

# EXPERIENCES OF GENDER BASED VIOLENCE IN TIMES OF RELATIVE PEACE AND VIOLENCE

"Can we talk about some stories of violence against women like me that may never make the headlines?" <sup>34</sup>

Although the way it manifests varies according to region, violence against women and girls (VAWG) is endemic across Nigeria. Women and girls with disabilities are more likely to experience gender-based violence but less likely to be able to escape, less likely to speak up, less likely to be believed, and less likely to find services accessible to them. They can experience verbal, emotional, physical and sexual abuse from caregivers, family members, colleagues, security agents, classmates and friends. Globally, women with disabilities are twice as likely to experience domestic violence and other forms of genderbased violence and up to three times more likely to experience rape by a stranger or acquaintance than women without disabilities.35

"I remember this sad day when I had gone to queue up for water just outside the female hostel. Suddenly someone kicked my bucket away when it got to my turn and made some discriminatory remarks at me because I was visually-impaired. I was so hurt that I went back to hostel with an empty bucket and cried all day. It's not our fault that we have a disability and it can happen to anyone.' Izum, visually-impaired woman student from Jos North LGA

Women and girls with disabilities face double jeopardy: as women and as people with disabilities. Those who are poor face triple jeopardy. The intersection of these identities leads to increased vulnerability and risk. This is partly due to their reliance on those in positions of power over them, including on their perpetrator they are a caregiver or family member. When asked who perpetrators were, the majority of respondents (63.3 percent) named caregivers

and family members. Of the remainder, 11.4 percent said security agents and 5.1 percent spoke of colleagues.

Stereotypes and social myths surrounding women with disabilities, such that having sex with them will bring wealth, status and power, also mean they are more vulnerable to sexual violence. Women with disabilities are also less likely to be able to escape situations of potential violence. For instance, women with physical disabilities are unable to run from danger quickly due to mobility issues while women with hearing disabilities may not hear when danger approaches. In one example, respondents spoke of how students at a school for deaf children which had no water facilities were raped while walking to a nearby stream to fetch water. They attributed this to the fact they could not hear the perpetrators approaching and run away. Women with visual impairments spoke of experiencing infringements on their privacy, for example when taking baths.

Researchers uncovered many examples of women with disabilities attending university who had experienced exploitation and violence from those who offer to help them access learning. Handouts are not given in Braille so some women need someone to read them aloud while they transcribe. If lectures are not given in written form, others need someone to transcribe for them. They are reluctant to speak out as they worry this will mean they no longer have support in navigating student life, including in being able to study.

'I had this female friend, also visually-impaired like me, who was impregnated by another student who had offered to help her with transcribing her notes. My friend told me he

<sup>&</sup>lt;sup>34</sup> These words were spoken by Mary, a woman with physical disability.

S. Ortoleva and H. Lewis, Forgotten Sisters – A Report on Violence against Women With Disabilities: An Overview of Its Nature, Scope, Causes and Consequences, (Violence Against Women with Disabilities Working Group, 2012).

forced himself on her since she was helpless. She stopped school eventually because her parents felt disappointed in her but no one asked what led to the pregnancy. She has a baby now and missed a chance to get education while he has moved on with his life maybe even married.' Uwenne, a visually-impaired woman student from Jos North LGA

As has been mentioned above, violent conflict affects women with disabilities in a number of ways, including through sexual and gender-based violence.

'In one of those conflicts that happened in Riyom, some herdsmen attacked our village. We all ran to the farm for safety out of fear of being killed, since they were better-armed than youths from our village. It was in the farm that I met my ordeal as I was raped by some of the herdsmen and left there in the bush. The community leader brought the attention of security agencies to the area, but they didn't do much either as they managed to provide security for us for just one night. Since all of these attacks commenced we have not received any form of aid or relief materials from the state government.' Ruth, a woman with physical disability from Riyom LGA

Most respondents said that the first point of call for help when a woman with a disability has experienced violence is her family members (51.6 percent). This is despite 53.2 percent of women indicating that family members were most likely to be perpetrators. Only 1.1 percent thought of social services, 10.5 percent thought of traditional or community leaders, 10.5 percent of caregivers and 11.5 percent of security agencies. The low level of respondents who thought of social services, traditional and community leaders and security agencies is perhaps indicative of lack of confidence in their ability to respond as well as that men of these groups are seen as potential perpetrators.

All women find it difficult to escape violence and abuse due to societal norms and lack of services but women with disabilities have additional barriers to resistance, independence, information,

reporting and accessing services. If their perpetrator is a caregiver or family member, they may take away their mobility aids as a way of exerting control over them. Their dependence on caregivers and family members not only makes it more likely they will experience violence but also that they will be less likely to be able to leave abusive situations.

There is a culture of disbelief and victim-blaming for all women who have experienced gender-based violence and this is even more so for women with disabilities due to ideas that women with disabilities are unattractive and asexual, and that their caregivers are saints for looking after them. As a result, the idea that a woman with disabilities could experience sexual or domestic violence stretches credulity in the public imagination. This is intensified by the stigma attached to women with disabilities. Where women are able to report, the few services that do exist are often not accessible, for example in terms of sign language, Braille materials, or in terms of physical access.

"A young girl with mental disabilities that I know has had a family planning implant injected into her skin. Her parents did this so that even perchance she is taken advantage of by the young men in the community, she will not get pregnant." - Umbule, a woman community leader with physical disability

The consequences of violence for women with disabilities can be loss of life, aggravation of existing disabilities and the acquisition of new ones, as well as homelessness, poverty, unemployment, negative health impacts, pregnancy, trauma and reduction in self-esteem, and increase in feelings of helplessness. Families may take measures in a bid to protect their wives, sisters and daughters, including forced confinement and sterilisation.

## **INSTITUTIONAL RESPONSE**

Respondents felt interventions do not include women with disabilities, are inaccessible and not designed to take into account their needs. This is in contrast to Nigeria's international obligations.<sup>36</sup> Women with disabilities who took part in FGDs said they received no assistance from community leaders or social services in the aftermath of violence. Few civil society organisations understand mainstreaming of gender and disabilities in peacebuilding. They lack the technical knowledge required to work with women with disabilities. Almost four-fifths (79.3 percent) of civil society respondents indicated their organisations have not been involved in any efforts to mitigate violence against women with disabilities.

For example, not enough has been done to include people with disabilities in processes around the Institutional Mapping of Disaster Risk Reduction in Nigeria, or the development of a National Action Plan for Disaster Risk Reduction by the National Emergency Management Authority (NEMA). As a result, even if women with disabilities find safe haven this is often not accessible or suited to their needs. Schools, hospitals and religious centres are often the buildings converted into makeshift IDP camps and the majority of these structures are not accessible to those with physical disabilities.

Women with disabilities also find it extremely difficult to be able to access services and facilities. They are more susceptible to diseases due to unhygienic environments, as many are forced to crawl on the floors. Their privacy is often violated due to lack of accessible mobile toilets and bathrooms. A woman with visual impairments who has lost her cane and/or caregiver may find it difficult to be able to find her way in unfamiliar situations while women with hearing and speech impairments find it difficult to communicate and may not be informed of valuable information. Not only are services not accessible, but little is done to provide for specific needs. When food and relief materials are brought their distribution is often a survival-ofthe-fittest contest in which women with disabilities are disadvantaged. Researchers heard of a case where a woman with disabilities who had lost her caregiver had to engage in sex with someone who 'volunteered to help' in return for relief materials. In Jos North, 15 out of 35 women with disabilities spoke of violations in IDP camps.

'On Monday 25th August 2014, there was a violent attack at Gengere, a lot of women ran for safety and camped at a primary school in Bokkos. More than 25 women with disabilities and dozens of children were at the camp. I observed that for close to a week they didn't receive any form of assistance even when it was time for distribution of relief materials. I couldn't stand it so I got food for one of the women out of sympathy. I spoke to some of the women afterwards and they shared their experiences running away from conflicts.' Ufulul, a woman without disability from Bokkos LGA

Women with disabilities involved in petty trading often lose their livelihoods during periods of conflict and can be forced to move from their business areas to safer places. They lose customers and their shops and goods may be destroyed or looted. Savings kept in the home or at work may be stolen. For example, Kyenpia had a shop selling provisions. The first time it was burnt down, she moved to another environment but eventually returned to resume her business. After a while, her business picked up again but she received threats it would be set aflame again. Her shop was looted during a second crisis and she never returned. Those involved in peacebuilding and in responses to crisis do not adequately address the loss of livelihoods experienced by women with disabilities nor help them to recover financially.

There were examples given where security agents were perpetrators of violence. Indeed, 11.4 percent of respondents reported this. The highest numbers of respondents were in Riyom, 14 percent spoke of security agents as

<sup>36</sup> State Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters: Art 11 CRPD

perpetrators. Given the small sample size this is not statistically significant, but rather points to an area requiring investigation. As a result of this violence, women with disabilities who are particularly vulnerable during conflict and who may have lost family and community members may feel hesitant approaching security agents for aid, or experience mistreatment or violence when they do so.

"If a woman with hearing impairment is raped by soldier, it is difficult enough as it is but she is also unable to communicate. How many of the structures that help tackle violence against women and girls are trained as to how to work with women with disabilities?"

- Agatha, woman with physical difficulty

People with disabilities are often viewed as only being vulnerable. Interventions aimed at peacebuilding and conflict prevention may not include them, as they are not seen as a security threat. Their contributions towards violence or peace are not recognised. However, in some cases, the exclusion and marginalisation experienced by people with disabilities leads them to join gangs and commit violence. Researchers heard about a young man with disabilities who joined a group burning property and killing people to prove the point that 'I can kill too.'

The media too needs to be more sensitive and proactive in reporting cases where people with disabilities are affected and change the derogatory language, such as 'crippled' and 'handicapped', that are used.

The increased vulnerability of women with disabilities, their greater likelihood of experiencing violence and their exclusion from peacebuilding and relief processes mean that it is more difficult for them to move on. Despite several interventions in Plateau State with regards to survivors of conflict, little has been done to put in place proper structures for women with disabilities. They are less likely to get support during the conflict and are less likely to recover in the long term.

## **CONCLUSIONS AND RECOMMENDATIONS**

Women with disabilities in Plateau State experience violence in times of violent conflict and in relative peace. This violence is both a cause and a consequence of the marginalisation and discrimination they face in daily life. In particular, they find it difficult to escape conflictrelated violence. Those who are able to escape immediate violence may lose their mobility aids, medicine and caregivers, leaving them more reliant on others. This has consequences for their health and well-being and puts them at greater risk of exploitation and gender-based violence. They are also more likely to experience genderbased violence in times of relative peace, but find it difficult to speak up and access services, and are often not believed.

Despite the impact of conflict and violence on them, the realities of women with disabilities are not taken into account in formal decision-making processes, including those around peace and security. Respondents spoke of how they felt interventions by government, security and civil society actors did not take the needs of women with disabilities into account in design or implementation. This marginalisation is linked to the exclusion of women with disabilities from these processes, with many respondents speaking of not being invited to peace forums or unable to contribute when present.

The following recommendations are aimed at policy-makers and civil society. They draw on the analysis above and the views directly expressed by women with disabilities themselves. In implementing them, actors should reflect the differing needs and experiences of women with different types of disabilities.

## TO GOVERMENT MINISTRIES, DEPARTMENT AND AGENCIES

- ! Pass into law, domesticate at state level and/or implement fully the Gender Equality Bill, Disability Rights Bill and Violence against Persons Prohibition Act.
- ! Make budgetary provision for activities focused on women and girls with disabilities,

including work to end violence.

- Produce state action plans on disabilities and conflict that are gender-sensitive and funded. In Plateau State, this process should be owned by the Special Advisers to the Governor on Peacebuilding and Disability Affairs, the Ministry of Women's Affairs and Social Development and the Disability Rights Commission.
- Work closely with security agencies and civil society to take all legislative, administrative and other measures to prevent and punish violence and remove all obstacles hindering access to justice.
- ! Support sensitisation and training of all engaged in the administration of justice, including law enforcement officials, prosecutors and judges on issues of gender and disabilities.

# TO THE MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT

- ! Ensure services provided are accessible to women and girls with disabilities, including through the implementation of specific outreach strategies.
- ! Work closely with people with disabilities and women's rights organisations to design and implement programmes targeting girls and women with disabilities.
- ! Provide information in an accessible format to women and girls with disabilities on sexual and reproductive health and rights.
- ! Take measures to increase participation of women in peacebuilding at local, state and national levels and ensure the active representation of women with disabilities.
- Take action to eradicate beliefs, practices and stereotypes which legitimise violence against women and girls with disabilities.

#### TO SECURITY AGENCIES

- ! Develop or revise early warning and early response systems to be inclusive of and accessible to people with disabilities.
- ! Set in place mechanisms to reach out and warn people with disabilities in the event of danger, and include them in evacuation strategies.
- ! Train all officials on ways to work with people with disabilities and increase their security.
- Strictly implement a zero-tolerance policy on sexual exploitation and abuse committed by security officials, include this in all training, and investigate cases and bring perpetrators to justice.

#### TO RELIEF AGENCIES

- ! Make deliberate efforts at mainstreaming disability in emergency relief efforts, based on consultation with people with disabilities, and ensuring gender sensitivity.
- ! Ensure camps, facilities and services for internally-displaced people are accessible to people with disabilities.
- ! Train staff on issues of disability to reduce discrimination and stigmatisation, and increase awareness of the needs of people with disabilities during emergency situations.
- ! Provide mobility aids to people with disabilities who need them in camps for internally-displaced people.

#### TO EDUCATIONAL INSTITUTIONS

- ! Invest in ensuring materials and facilities are accessible to people with disabilities.
- Set up or strengthen programmes for students to volunteer to assist other students with disabilities, ensuring this is accompanied by training and regulation and with complaints mechanisms to which students with disabilities can address their concerns and get assigned alternative assistants.
- ! Incorporate gender and disability-sensitive peace education into the curriculum.

## TO LOCAL AND NATIONAL MEDIA ORGANISATIONS

- ! Increase the voice and presence of women with disabilities in programming, advertising, publications, presentations, and other media products.
- ! Raise awareness about ways in which women and girls with disabilities experience violence and conflict.
- Counter stigma and misinformation and change perceptions around women with disabilities.
- ! Avoid derogatory language and the perpetuation of stereotypes when referring to people with disabilities.
- ! Train staff on disabilities issues so they become champions of disability rights.

#### TO CIVIL SOCIETY

- ! Empower women with disabilities to advocate for their own rights, including through their participation in policy and advocacy processes.
- Mainstream gender and disabilities issues in programmes and remove barriers to inclusion.
- ! Ensure programmes addressing genderbased violence are accessible and responsive to the needs and realities of women and girls with disabilities.

## TO PEOPLE WITH DISABILITIES' ORGANISATIONS, INCLUDING JONAPWD

- ! Organise programmes for people with disabilities to increase their awareness of human rights, including those of women, as protected by Nigerian, regional and international laws and policies.
- Increase awareness of high rates of violence experienced by women and girls with disabilities and deepen engagement with stakeholders to urge them to address this issue.

Increase impact and presence at community levels, including through setting up women's support groups, so as to build trust and credibility among members and strengthen the voice and influence of people with disabilities.

## TO DONORS AND INTERNATIONAL PARTNERS

- ! Fund further research on the intersection of gender and disabilities to strengthen the evidence base for effective intervention.
- ! Invest in programming backed by evidence-based research – that works at the intersection of gender, disabilities and conflict, including economic recovery.
- ! Work closely, and fund, people with disabilities' organisations to strengthen governmental ministries, departments and agencies to support survivors of violence and promote participation in peacebuilding.
- ! Support initiatives aimed at fostering the exchange of national, regional and international best practices for the inclusion of women and girls with disabilities and the eradication of violence against them.

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