



*No woman
should be a victim
of violence just for
being a woman.*

*Gender-based Violence & its Impact on
Females with Disabilities in Pakistan*



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ABBREVIATIONS AND ACRONYMS

Acronym	Full Form
GBV	Gender-Based Violence
WHO	World Health Organization
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRPD	Convention on the Rights of Persons with Disabilities
NGO	Non-Governmental Organization
PWDs	Persons with Disabilities
WWDs	Women with Disabilities
FGD	Focus Group Discussion
NOWPDP	Network of Organizations Working for People with Disabilities



ACKNOWLEDGEMENT

This report, "Gender-Based Violence & its Impact on Females with Disabilities in Pakistan," is the result of the collective strength, courage and dedication of many individuals and communities.

First and foremost, we are deeply grateful to the women with disabilities who shared their experiences and perspectives with such honesty and resilience. Your voices are the heart of this report and it is our hope that this work reflects your strength and furthers the change you so bravely seek.

We extend our heartfelt thanks to the Saheli Project participants, community facilitators and partner organizations who walked alongside us throughout this journey. Your compassion and commitment made it possible to reach and empower those most at risk.

A special note of appreciation goes to Fatima Jamil Khan who guided the direction of this intervention, bringing the findings to life through thoughtful design, to Ayesha Elahi, who oversaw the research and finalized the report and Masfa Ghazi, whose dedicated coordination with the Sahelis and back end support ensured that the project remained rooted in the realities of the women we sought to represent.

Finally, we honor every individual and ally who continues to stand against gender-based violence. Your solidarity is a reminder that lasting change is only possible when we come together.

EXECUTIVE SUMMARY

This report titled "Gender-Based Violence & its Impact on Females with Disabilities in Pakistan" delves into the intersection of gender and disability, revealing the multiple vulnerabilities experienced by women with disabilities (WWDs). Conducted under NOWPDP's Saheli Project, the study draws on interviews, focus groups, surveys, and training interventions involving 94 women from both urban and rural Sindh.

The findings underscore that women with disabilities face disproportionately high levels of gender-based violence (GBV), including physical, sexual, and emotional abuse. Perpetrators often include family members, caregivers, colleagues, and strangers, with 100% of respondents identifying men as the primary aggressors. Barriers to education, employment, and healthcare aggravated by poverty, societal stigma, and patriarchal norms limit their independence and heighten their exposure to abuse.

Crucially, the study identifies a severe lack of awareness and implementation of laws protecting WWDs. Many respondents expressed doubt about the existence or enforcement of relevant legal protections. Furthermore, 65% noted under reporting GBV cases, often due to fear, inaccessibility of services, and social pressure.

The Saheli Project's training model empowered participants by enhancing awareness of GBV, rights, and reporting mechanisms. It promoted peer mentorship and economic empowerment as tools to counter violence. The initiative demonstrates the importance of inclusive approaches in addressing systemic issues, providing both practical support and long-term strategies to transform societal attitudes.

The report concludes with targeted recommendations ranging from policy advocacy and inclusive education to cross-sector partnerships and community awareness to ensure that WWDs are protected, empowered, and given equal opportunities to thrive in society.

WHAT IS GENDER-BASED VIOLENCE

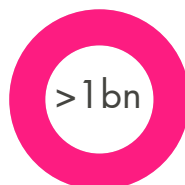
As per the World Health Organization (WHO), any kind of violence, abuse, or injury committed against a person because of their gender identity or gender-based stereotypes is referred to as gender-based violence. This can involve harassment and other types of injustice, as well as physical, sexual, psychological, and financial abuse. It is a global issue that is widespread and enduring, impacting people of every age, ethnicity, and socioeconomic group.



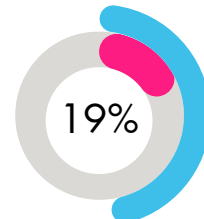
One in three **(1/3)** women globally will encounter physical or sexual assault in their lifetime



Up to **70%** of women globally have experienced gender-based violence at some point in their lives.



More than **1 billion** women globally lack access to legal protection from domestic violence



Only **19%** of women with disabilities are literate, in stark contrast to **49%** of men with disabilities

Globally, women face various forms of marginalization in politics, work, medical care, and education. However, one of the most vulnerable and marginalized groups in society comprises women with disabilities. They confront many obstacles and discriminatory practices, significantly restricting their access to fundamental rights and essential amenities, including medical care, schooling, and employment. Women with disabilities are more likely to experience violence and abuse, including domestic and sexual violence.

Education

Compared to their counterparts without disabilities, women with disabilities encounter significant barriers to accessing education. The challenges extend to accessing educational resources and services, as women with disabilities may face physical, communication or other obstacles.

Employment

Compared to their non-disabled counterparts, women with disabilities face a heightened likelihood of unemployment or underemployment. They encounter prejudice and hostility from hiring managers, along with administrative and external obstacles that hinder their ability to access work and public transit.

Healthcare

WWDs encounter obstacles in accessing healthcare due to stigma and prejudice from healthcare professionals and other challenges. Lack of amenities & supplies further hinders their ability to receive adequate care. WWDs may experience higher rates of healthcare inequalities and heightened prevalence of chronic illnesses.

FORMS OF GENDER-BASED VIOLENCE PREVALENT IN DEVELOPING COUNTRIES

Physical Abuse

Women with disabilities are more likely to experience physical violence such as hitting, slapping, or pushing. According to a World Health Organization study, women with disabilities are nearly twice as likely as women without disabilities to be victims of physical abuse.

Sexual Abuse

Rape and other forms of sexual assault are more likely to happen to women with disabilities. They are also four times more likely than women without disabilities to face sexual violence, according to a World Health Organization survey.

Emotional Abuse

Women with disabilities are frequently the targets of emotional abuse, such as demeaning or disparaging remarks, which can seriously harm their mental health and general well-being.

Forced Sterilization

Forced and unsafe sterilization of women with disabilities is another common issue, which is against their reproductive rights and can have detrimental physical and psychological effects.

Institutional Abuse

Caregivers or staff members may ignore or abuse disabled women who reside in institutions. The World Health Organization claims that institutional environments are more prone than social environments to mistreating individuals with disabilities.

Domestic Violence

In developing nations, domestic violence, which includes physical, sexual, and emotional abuse, takes the form of gender-based violence. Many women in Pakistan experience physical, emotional, and sexual mistreatment at the hands of their partners. Domestic violence is a widespread issue. A survey by the Aurat Foundation found that 70% of Pakistani women experience domestic violence.

Honor Killings

Honor killings are acts of violence in which family members kill women they believe would bring dishonor to the household. Between 2008 and 2017, 3,787 cases of honor killings were submitted to Pakistan's Human Rights Commission.

Acid Attacks

In an act of violence known as an acid attack, the victim is doused with acid, leaving behind severe physical damage and deformity. In Pakistan, there were 76 reported occurrences of acid assaults in 2020, according to the Acid Survivors Foundation.

Forced/Child Marriage

Forced marriages are a kind of abuse in which women are forced to wed older men or strangers against their will. Over 20,000 girls in Pakistan are reportedly coerced into marriages every day, claims the UN. UNICEF estimates that 12 million girls globally get married before turning 18 every year, with the majority of these unions occurring in underdeveloped nations.

FACTORS CONTRIBUTING TO GENDER-BASED VIOLENCE ACROSS THE WORLD

Gender-based violence, a pervasive global concern, is intricately linked to multifaceted societal factors. A crucial catalyst is **gender inequality**, as highlighted by a significant UN Women report (50). This report illuminates the alarming correlation between the unequal treatment of women compared to men and the heightened prevalence of violence against women. **Patriarchy** emerges as another formidable contributor, accentuating the role of patriarchal beliefs in fostering gender-based violence (51). One of the main causes of gender-based violence in Pakistan is patriarchal attitudes, which place a high value on men and masculinity. A study by the Aurat Foundation found that patriarchal attitudes and behaviours frequently support gender-based violence. (55)

Furthermore, **cultural norms and practices** play a pivotal role in shaping the landscape of gender-based violence, as delineated in a 2013 UN Women report (52). This report elucidates how ingrained cultural practices, such as dowry-related violence, contribute to the perpetuation of gender-based violence. In societies where women bear financial obligations to their husbands' families, these norms not only uphold inequality but also serve as breeding grounds for violence against women. The World Health Organization's findings emphasize how societies valuing men and masculinity perpetuate attitudes and behaviours that sustain violence against women. This entrenched patriarchal framework perpetuates power imbalances, exacerbating the vulnerability of women to various forms of violence.

Poverty and economic dependability further exacerbate the risk of gender-based violence, as elucidated in a UN Women report (53). The financial vulnerability of women, especially those financially dependent on spouses or family members, amplifies their susceptibility to violence. According to a report by the Pakistan Institute of Development Economics, poverty is a risk factor for gender-based violence in Pakistan (58). Addressing poverty emerges as a pivotal component in any comprehensive strategy against gender-based violence, recognizing the intricate interplay between economic stability and violence prevention. The **lack of accessible justice and support systems** compounds the challenges faced by women experiencing gender-based violence (54). Women confronting such violence often find themselves navigating a dearth of avenues for assistance, hindering their quest for justice and perpetuating a culture of impunity. Women in Pakistan have a hard time getting justice since the country's judicial system is not strong enough to handle gender-based violence. In Pakistan, the criminal justice system is plagued by fraud and incompetence, which can make it challenging for women to receive justice, according to a report by Human Rights Watch. (56)

Gender-based violence in Pakistan is partly a result of the **lack of formal schooling** among women. Girls in Pakistan are less likely than boys to attend school, which restricts their chances and makes them more susceptible to violence, according to UNICEF research. (57) In Pakistan, particularly in regions affected by the Taliban insurgency, militarization, and warfare have exacerbated gender-based violence. According to research by the International Crisis Group, sexual assault forced marriages, and additional kinds of violence are commonplace for women in conflict-affected communities. (59)

Holistic efforts must address not only the manifestations but also the root causes of gender-based violence, fostering a society that prioritizes equity, dismantles patriarchal norms, challenges harmful cultural practices, and ensures economic empowerment for women.

PERPETRATORS

Gender-based violence remains a pervasive global issue, manifesting in various forms and perpetrated by diverse actors. The World Health Organization (WHO) highlights that women often face violence within intimate relationships, with one in three women globally experiencing intimate partner abuse. Concurrently, UN Women (61) underscores that men are frequently responsible for sexual assault worldwide, leaving women as the majority of survivors. Additionally, a report from the United Nations Office on Drugs and Crime (UNODC) (62) reveals that men, particularly those close to the victims, are more prone to both fatal and non-fatal violence against women.

The perpetuation of intimate partner violence is intricately tied to traditional gender roles and attitudes. A study published in the journal *Violence Against Women* (63) emphasizes that men adhering to these norms are more likely to engage in such violence. This global perspective sets the stage for a more focused examination of gender-based violence in Pakistan.

Pakistan grapples with severe gender-based violence, predominantly instigated by men within familial and societal contexts. The Human Rights Commission of Pakistan (69) reports widespread physical, sexual, and psychological abuse against women within their homes. The Thomson Reuters Foundation ranks Pakistan as the sixth-most hazardous country for women, attributing much of this danger to violence inflicted by spouses. The Aurat Foundation further emphasizes domestic abuse as the most prevalent form of violence against women in the country.

Within families, fathers, brothers, and uncles commonly perpetrate violence against women, often in the name of upholding family honor. This form of violence, known as honor-based violence, is pervasive in both rural and urban areas, as reported by the All Pakistan Women's Association. Workplace settings in Pakistan also pose risks, with over half of working-class women experiencing some form of sexual harassment, according to the International Labor Organization.

Women with disabilities in Pakistan face unique challenges, encountering abuse from various sources. Family members, including parents, siblings, and spouses, are frequently responsible for discrimination and violence within their own homes, as highlighted by the Women with Disabilities Association of Pakistan. Caregivers, employed to assist women with disabilities, sometimes perpetrate physical, emotional, and sexual abuse, as documented by Human Rights Watch.

Beyond familial and caregiving contexts, women with disabilities are also vulnerable to abuse from strangers in public spaces. The United Nations Development Programme reports that societal exclusion and limited ability to retaliate increase the likelihood of violence against women with disabilities in public areas. This multifaceted review underscores the complex interplay of perpetrators contributing to gender-based violence globally and within the specific context of Pakistan, shedding light on the urgent need for comprehensive interventions and awareness campaigns.



GLOBAL LAWS THAT PROTECT WOMEN WITH DISABILITIES

A number of international laws and conventions protects the rights of women with disabilities.

1. The Convention on the Rights of Persons with Disabilities (CRPD): This international human rights agreement outlines the rights of people with disabilities, including women. 182 nations have signed the Convention since it was enacted by the UN General Assembly in 2006. It forbids discrimination based on disability and upholds the rights of those with impairments to engage in society on an equal footing with everyone else.

2. Beijing Declaration and Platform for Action: This international policy framework was enacted for advancing gender equality and women's empowerment. The platform specifically addresses the concerns and experiences of women with disabilities, recognizing their special requirements and pushing for their full inclusion in all facets of society.

3. Convention on the Elimination of Discrimination Against Women: CEDAW is a global agreement that strives to eradicate prejudice against women and advance gender equality. The Convention contains clauses that address the rights of women with disabilities particularly and demand that nations take action to enable their full inclusion in society.

LAWS THAT PROTECT WOMEN IN PAKISTAN AND THEIR IMPLEMENTATION

The establishment of effective laws to protect disabled women in Pakistan is an ongoing and challenging process. While there are existing laws and regulations designed to safeguard the rights of women with disabilities, their enforcement faces numerous difficulties. A report from the Pakistan Women's Foundation highlights several major obstacles hindering the enforcement of laws aimed at protecting women with disabilities in the country. These challenges include a lack of sufficient resources, inadequate data collection and monitoring, societal perceptions, and a general lack of understanding regarding disability issues. The research emphasizes that the government's response to the needs of women with disabilities has been inadequate, particularly concerning access to job opportunities and education (30).

Despite these significant challenges, initiatives are in place to improve the situation. The government has committed to enhancing funding for programs related to disabilities, and the National Policy for Persons with Disabilities was amended in 2018. Additionally, various non-governmental organizations (NGOs) and civil society groups are actively working to promote the rights of women with disabilities and enhance public awareness of related issues (31). These efforts, though facing obstacles, reflect a commitment to address the complex challenges and improve the legal protection and overall well-being of disabled women in Pakistan.

LIST OF LAWS THAT PROTECT WOMEN IN PAKISTAN

Type of Violence	LAWS
Physical Violence	332-337-L, (Hurt), Pakistan Penal Code, 1860
Domestic Violence	Sindh Domestic Violence (prevention and Protection) Act, 2013
Sexual Violence	Criminal Law (Amendment) Bill, 2015, with added sections 377-A & 377-B, Pakistan Penal Code Sections 354, 354-A, and 376 Pakistan Penal Code, 1860 Torture, custodial death, and custodial rape (prevention and punishment) Act, 2014 Anti-Rape Bill, 2016 Prevention and Control of Human Trafficking Ordinance, 2002
Sexual Harassment at Workplace	Section 509, Pakistan Penal Code, 1860 (for all kind of Harassment) At the workplace rules, 2013
Emotional/Psychological Abuse	Sindh Domestic Violence (Prevention and Protection) Act, 2013.
Cyberbullying	The Prevention of electronic crimes act, 2016
Honor Crimes	Criminal Law Amendment Act, 2004 Anti-Honor killing laws (Amendment) Bill, 2014 Anti-Honor killing Act, 2016
Acid Throwing	Section 336 and especially 336(A) and 336(B), Pakistan Penal Code, 1860 Criminal law (Amendment) Act, 2011 Acid Control and acid crime prevention Act, 2011
Forced Marriage	The Prevention of Anti-women practices (Criminal law amendment) Act, 2011 Sections 310-A, Pakistan Penal Code, 1860
Anti-women Cultural Practices	Prevention of Anti-Women Practices Act, 2011
Economic Violence or Abuse	Section 498-A, Pakistan Penal Code, 1860 Section 2 (ii), Ground for dissolution of marriage

THE SAHELI PROJECT - NOWPDP

In Pakistani society where gender-based violence continues to be a pressing issue, the need for empowering vulnerable populations becomes paramount. NOWPDP (Network of Organizations Working for People with Disabilities), a non-profit organization dedicated to disability inclusion in Pakistan, understands the significance of addressing this challenge with an inclusive approach. Established with a mission to create a more inclusive society, NOWPDP focuses on providing a range of comprehensive services, education, and employment opportunities for people with disabilities. Through its impactful initiatives, NOWPDP aims to empower people with disabilities to lead fulfilling lives, break down societal barriers, and promote awareness about disability rights and inclusion.



Life is difficult if you are a woman. It is more difficult if you live in rural Sindh. It aggravates if you also acquire a physical disability. However such unfair intersectionality could never dull the sparkle of our unswerving and resolute trainee Shahzadi.

We got to know Shahzadi after our community outreach drive in district Sujawal. Her ancestral village, Jok Sharif, is located around 40 kms away from Moriro Markaz. During our first interaction with her, she requested for a wheelchair. After getting it, she wanted to learn stitching and got herself enrolled in our vocational training center. During her 2-month training, she used to commute through the inaccessible public transport. Keeping in view her commitment and performance, we helped her in setting up her own stitching setup in her village. In no time, she became one of the best tailor masters in her vicinity.

In an unfortunate turn of events, Shahzadi lost her life in May, 2022. She has left behind a legacy of resilience and perseverance. To commemorate her, an initiative of self-employment for persons with disabilities was launched at Moriro Markaz.

The Saheli Project is one of NOWPDP's notable initiatives that aims to empower women with disabilities in Pakistan. It focuses on providing these women with skill development, vocational training, and employment opportunities, enabling them to become financially independent and contribute actively to society. Through the Saheli Project, NOWPDP strives to address the unique challenges faced by women with disabilities, fostering their personal growth and enhancing their quality of life by promoting inclusivity and equal access to opportunities. This project aligns with NOWPDP's broader mission of creating a more inclusive society and advocating for the rights and well-being of people with disabilities.

Under the umbrella of NOWPDP, the "Saheli Project" emerges as a dynamic initiative geared towards women's empowerment, specifically targeting women with disabilities. This project recognizes the potential economic impact of including persons with disabilities (PWDs) in the workforce, with estimations indicating that it can contribute an additional US\$11.9bn-15.4bn to Pakistan's economy (74). Hence, NOWPDP remains steadfast in its commitment to engaging and empowering women with disabilities through various employment-related endeavors.

Overcoming the hurdles of environmental and attitudinal barriers has been a constant struggle for NOWPDP when attempting to involve women with disabilities and their parents in employment programs. Their reluctance, grounded in deeply ingrained challenges, necessitated the birth of the "Saheli Project" to provide the necessary guidance, support, and mentorship to this marginalized group. The central objective of the project is to identify influential and capable females with disabilities, who serve as community leaders, working professionals, and influencers, and leverage their strengths to reach out to and engage other women with disabilities.

The connection between gender-based violence and economic empowerment is particularly important for women with disabilities. They often face more violence because of being both women and having disabilities, which also makes it harder for them to find good jobs or learn new skills. This is due to difficulties in communication or reliance on individuals who may cause harm. To address the needs of these women, an approach that includes them and understands their special requirements is necessary. This involves providing the right support, teaching useful skills, and creating safe places where they can discuss their problems. Through these measures, improvements can be made for women with disabilities, the cycle of violence can be halted, and greater independence can be achieved, both socially and financially.

The "Sahelis" are pivotal in this initiative, serving as beacons of support and understanding for women with disabilities. Through field outreach, events, activities, and counseling sessions, these Sahelis establish a nurturing environment, fostering a sense of safety and confidence among women with disabilities. By offering mentorship and acting as focal persons, the Sahelis pave the way for women with disabilities to explore employment opportunities and achieve financial independence, leading to economic empowerment.

GENDER-BASED VIOLENCE SERIES

NOWPDP initiated its Saheli Project by laying its foundation on an extensive research series on gender-based violence. **The objective was to understand the impact of gender-based violence on females with disabilities and to increase awareness of GBV within the identified sample of females with disabilities in rural and urban Sindh.** 94 females were a part of this intervention.

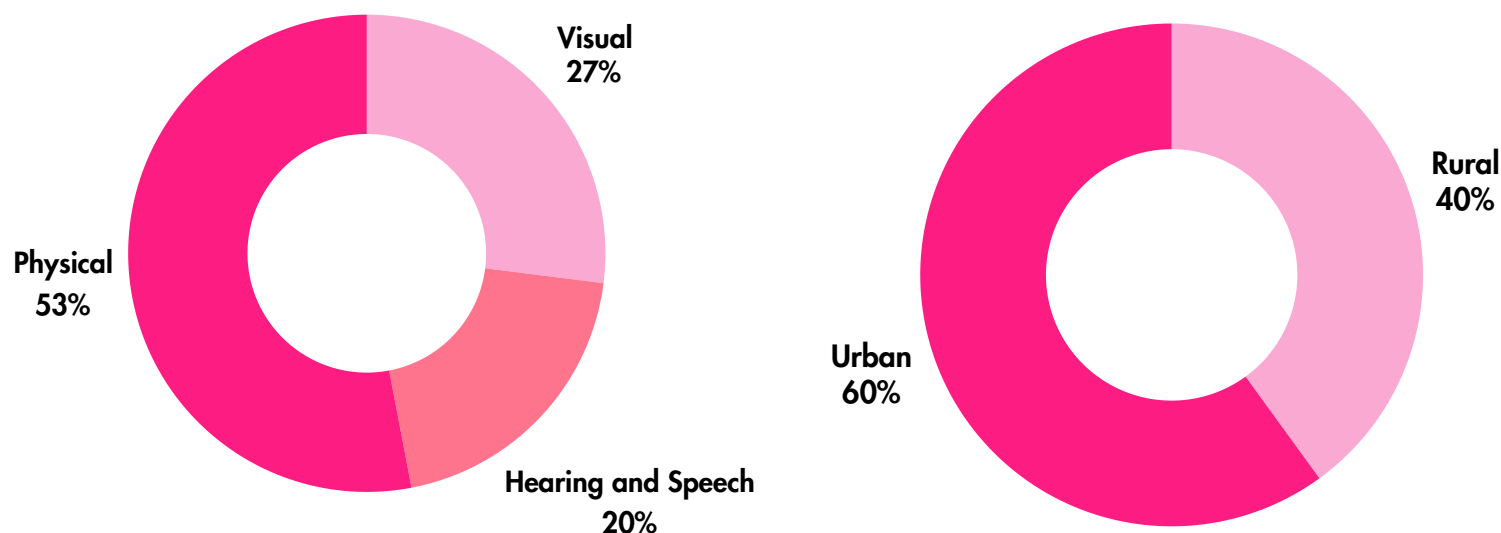
This report delves into the comprehensive journey of the Saheli Project, encapsulating the challenges faced, the milestones achieved, and the profound impact it has had on the lives of women with disabilities. By exploring the project's processes, achievements, and outcomes, the aim is to shed light on the importance of gender-based violence awareness and empowerment initiatives for women with disabilities. Furthermore, the report underscores the crucial role of organizations like NOWPDP in fostering inclusive societies that enable all individuals to thrive and contribute meaningfully to their communities and economies.



GBV sessions
being conducted
by females with
disabilities for
saheli project

Participants

The intervention was aimed at women with disabilities, 18 years or above of age with matriculation as the basic level of education. Participants were identified from NOWPDP's existing database and with NOWPDP's partner organizations that are working with PWD's. 100 women with disabilities were invited in total out of which 94 were a part of the intervention.



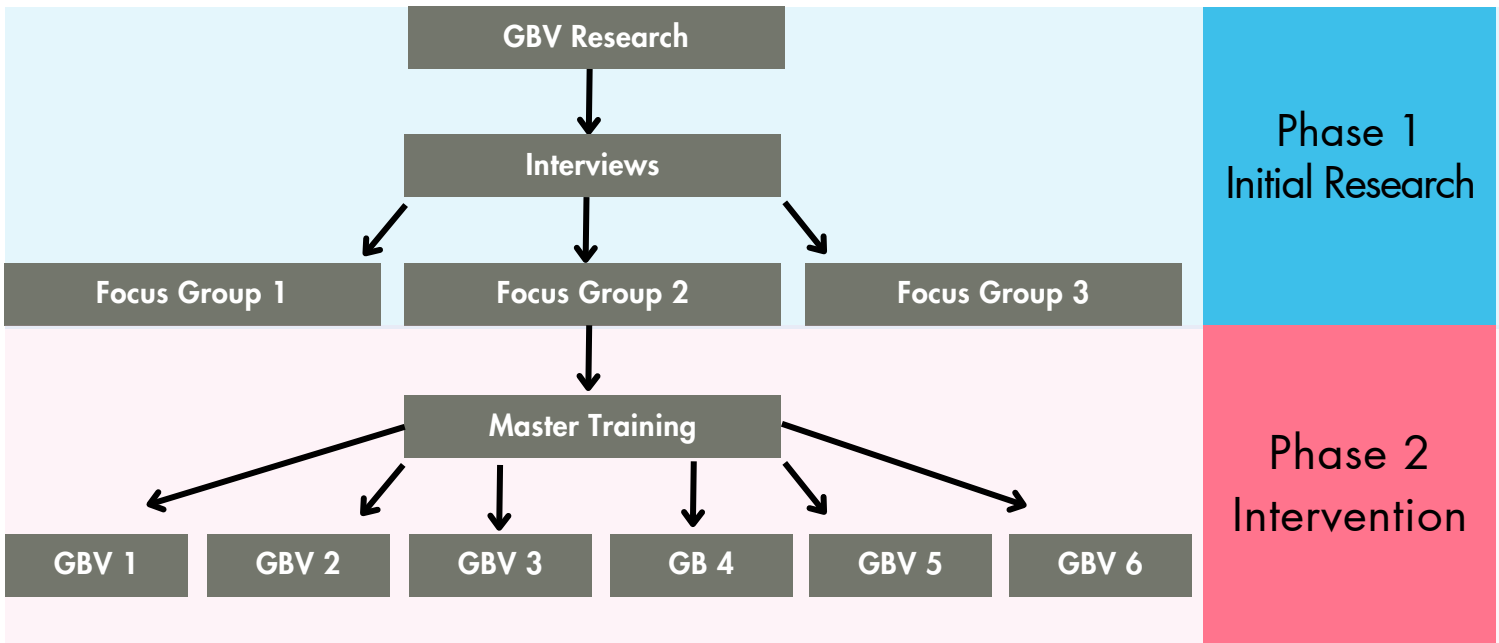
53 percent of the participants were women with physical disabilities, 27 percent were women with visual disabilities, and 20 percent were women with hearing and speech disabilities. There was also an urban and rural division among the participants where 40 percent of the total participants were recruited from a rural town in the vicinity of Sindh, while the remaining 60 percent were recruited from Karachi, an urban city.

Throughout the study, ethical guidelines were strictly adhered to. Informed consent was obtained from all participants and their privacy and confidentiality were ensured. Participants were given the freedom to withdraw from the study at any point without consequences. The participants were given an accessible environment for training where they can ask any questions to clear any misconceptions related to GBV. The participants used their preferred transportation in order to minimize the risk of harm. The participants were also asked to carefully deal with situations that involve GBV, they should not directly confront the perpetrator without any safety.

By employing a mixed-methods approach and utilizing interviews, focus group discussions, training sessions, and baseline and end-line surveys, this study aimed to provide a comprehensive understanding of gender-based violence among women with disabilities. The diverse perspectives and insights obtained from the participants contribute to a broader understanding of the issue and inform the development of effective interventions and support mechanisms.

Intervention Design

This research used several qualitative and quantitative methods to accumulate data regarding the prevalence of gender-based violence among women with disabilities. This study also aimed to investigate the experiences and perceptions of gender-based violence and its reporting mechanisms. The research design employed a mixed-methods approach, utilizing interviews, focus group discussions, surveys, and training sessions to gather data and insights.



The intervention was designed to identify the prevalence of gender-based violence and the awareness of its technicalities within groups of females with disabilities. A two-phased approach was used: first to develop understanding and then to design awareness training related to GBV for a larger group of females in Sindh. Master trainers were selected from the initial research phase to ensure they could convey the right messages to females with disabilities in Urdu and Sindhi.

Initial Research

Step 1 Interviews: The intervention was initiated by interviewing 15 women with disabilities. The interviews aimed to collect first-hand data from the respondents. They were open to all; the attendees did not necessarily have to be victims or survivors of gender-based violence. During the interviews, it was observed that some participants were hesitant to respond to sensitive questions. The interviews served as a stepping stone for the entire project. Based on the responses collected, a need for further research was identified. Consequently, focus group discussions were organized to obtain more data.

Step 2 Focus Groups: Findings from the interviews were fine-tuned during focus group discussions. The discussions were guided by a moderator who explored various aspects of gender-based violence, including prevalence, types, impact, and coping strategies. Notes were taken during the discussions, and the conversations were also audio-recorded with participants' consent. As the questions progressed, the women became more engrossed in the stories they were reminded of with each question. It was horrifying to learn that 100 percent of the respondents had experienced some form of violence at some point in their lives.

Intervention: Training Sessions

After obtaining abundant data from the focus group discussions on gender-based violence, better clarity was achieved regarding the participants' knowledge of GBV and its legislative practices in Pakistan. The same data was used to design a training module for the master training session held at the NOWPDP premises. The training sessions also focused on building the participants' facilitation skills and providing them with the necessary tools to conduct subsequent training sessions. Lawyers were engaged in verifying the section regarding laws in the training content. A lawyer was also present on the ground to facilitate any queries from the master trainers.

Step 3 Master Training of Selected WWDs: This master training was conducted among eight (8) participants (6 of whom were women with disabilities) who would later train at least 10 other females with disabilities each to expand the scope and impact of the project. Since the project extended to remote areas of Sindh, master trainers in Sujawal were selected from women without disabilities to avoid language barriers. Additionally, it is very difficult to find women with disabilities who meet the education and qualification criteria for being a master trainer in a remote location such as the Sujawal district.

Step 4 Training Sessions: 7 of the master trainers successfully conducted training sessions in different localities. Partner organizations were involved and training was also expanded to remote areas. In total, 94 women with disabilities were trained (49 physical, 26 hearing, and speech, 19 visual).

These training sessions aimed to enhance the participants' knowledge and awareness of gender-based violence, as well as equip them with practical skills for identifying, addressing, and reporting incidents of violence. The sessions included interactive activities, case studies, and discussions to encourage active participation and learning. Since the findings from the FGDs indicated that women with disabilities had baseline knowledge regarding GBV but little to no awareness of laws and reporting mechanisms, the goal was to create awareness, encourage responses, and establish a link between NOWPDP and women with disabilities. Therefore, the sessions provided a comprehensive understanding of gender-based violence as well as avenues of support and reporting mechanisms in the local context. These sessions were also used to observe the participants' behavior and their receptiveness to the information being provided.

Monitoring and Learning

Baseline and end-line surveys were administered to those who attended the training sessions. The surveys consisted of structured questions that assessed participants' knowledge, attitudes, and experiences related to gender-based violence. The surveys were conducted through face-to-face interviews, an interpreter was present to facilitate this process.

The data obtained from the interviews, focus group discussions, baseline surveys and end-line surveys were analyzed using thematic analysis. The audio recordings, transcripts, survey responses and notes were reviewed and coded to identify recurring themes and patterns related to gender-based violence and the experiences of women with disabilities. The analysis was categorized and interpreted in a way to ensure the reliability and validity of the responses.

FINDINGS AND ANALYSIS

Diverse understanding of GBV: The responses indicate a diverse understanding of gender-based violence (GBV) that encompasses physical, emotional, and sexual harm inflicted upon individuals. Participants recognized various forms of GBV, including parental abuse, workplace harassment, exclusion at home and discouragement from independence, overprotective parents, confinement, deprivation from education, and other restrictions. This aligns with existing research, which underscores the multi-dimensional nature of GBV and its impact on individuals' well-being.

Implementation of Law and Barriers to Reporting:

This finding reflects a significant gap in addressing GBV effectively. It suggests potential barriers such as fear, lack of confidence, aggression, and societal pressures that discourage victims from reporting incidents. These findings underscore the urgency of creating safe and accessible reporting mechanisms, promoting awareness, and fostering a supportive environment for victims to come forward.

The data also shed light on the limited awareness and implementation of laws related to GBV, with participants expressing uncertainty or noting their absence. 10 percent of the participants were confident that there are no laws while 35 percent admitted that there are laws but no implementation on them. Another 45 percent were uncertain about any laws if in existence. This highlights a critical gap in legal frameworks and enforcement mechanisms. Strengthening legal protections, ensuring implementation, and promoting awareness about existing laws are essential steps in addressing GBV effectively.

65%
65 percent of the responders indicated that **cases are not reported** in their community

45%
45 percent of the responders were uncertain about any laws if in existence

Structural and Systemic Factors: The causes of GBV identified by participants highlight a combination of societal factors and individual circumstances. These include frustration, stress, conservative mindsets, gender roles, poverty, lack of education and awareness, the patriarchal society, and the caste system. 75 percent of the responses suggested structural and systematic factors such as gender roles and power imbalances to be major causes of gender-based violence. These findings align with existing research on the complex interplay of social, cultural, and economic factors contributing to GBV, emphasizing the need for comprehensive interventions that challenge deep-rooted societal norms and empower marginalized groups.

Challenges in dealing with GBV in the community include lack of confidence, fear, isolation, family restrictions, and the detrimental impact on victims' overall well-being. These challenges reflect the wide-ranging consequences of GBV, including psychological trauma, reduced opportunities for personal and professional growth, and the erosion of trust in relationships and institutions. Aside from this, 35 percent of the responses reflect that cases cannot be reported due to the inaccessible nature of institutions as well as helplines. It underscores the need for holistic support services that address victims' physical, emotional, and mental health needs, while also addressing the broader societal factors that perpetuate violence.

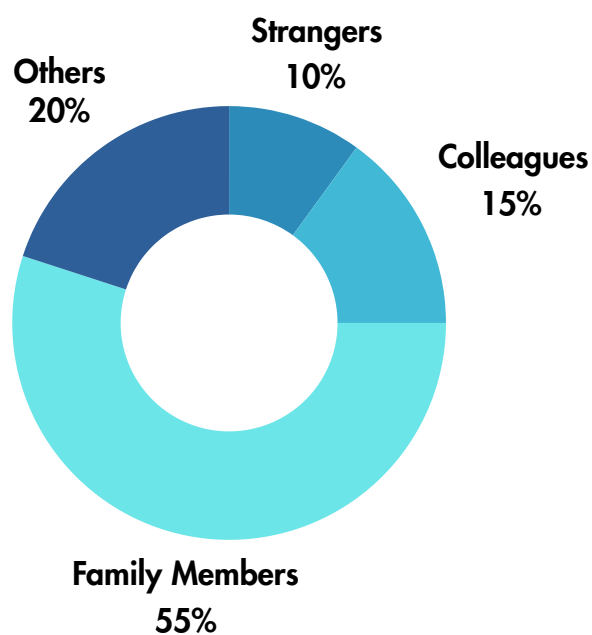


Recurrence of sexual violence and other forms of harassment: The participants identified several forms of GBV prevalent in the disability community, 65% highlighting sexual violence such as groping, staring, and rape attempts. This highlights the heightened vulnerability of women with disabilities to sexual violence and harassment. Other forms mentioned include unnecessary restrictions, discrimination at the workplace, exclusion from decision-making, and catcalling. These findings resonate with global studies on GBV, emphasizing the need for comprehensive measures to address these forms of violence and ensure the safety and autonomy of women.

Perpetrators, Power Dynamics and Impact on Mental Health:

Astonishingly, 100 percent of the respondents identified men as the main perpetrators of GBV, both within familial contexts and as strangers in society. It was here that the question was refined to include more specific responses and as represented in the graph, a jolting 55 percent reflecting family members to be main perpetrators. This aligns with how women with disabilities have limited access to employment opportunities and public spaces because of the intersectionality between disability and gender. Yet their confinement to home does not prevent them or more so protect them from experiencing violence. This finding aligns with existing research as well as underscores the urgency of engaging men and boys in prevention efforts, challenging toxic masculinity and promoting gender equality.


The impact of GBV on both victims and the community at large includes time restrictions on women, discouragement to assert rights, mental health issues, reduced presence of women in the workplace, and diminished confidence. 95 percent of the responses indicated detrimental effects on mental well-being to the extent that 25 percent of them spoke about thoughts of suicide and self-harm. These findings reflect the far-reaching consequences of GBV, not only on individual well-being but also on the social fabric of communities. Efforts to combat GBV must address these broader implications and promote a more inclusive and equitable society.



25%
25 percent of the responders spoke about thoughts of **self-harm and suicide**

GBV sessions being conducted by females with disabilities for saheli project





Lack of awareness of Support Mechanism: In terms of institutional responses, 55 percent of participants displayed no awareness of existing institutions dealing with GBV. However, 45 percent mentioned well-known organizations such as Edhi, Saylani, JDC, Sarim Burney Trust, Bint-e-Fatima, and Musarrat Misbah Foundation. Nevertheless, none of the participants were exactly sure how these organizations support victims of gender-based violence. The presence of these organizations underscores the importance of supporting and collaborating with established institutions while also focusing on expanding access to services and support networks at the community level.

The media's role in reporting GBV cases was viewed critically, with 25 percent of participants highlighting the exploitation of cases for visibility without understanding the degree of sensitivity involved. However, social media was seen as a valuable platform for raising awareness by 15 percent of the participants. These findings underscore the need for responsible and ethical reporting by the media, coupled with leveraging social media as a powerful tool to promote education, awareness, and support networks for GBV survivors.

To curb GBV against women, 15 percent of the participants suggested actions such as media creating awareness, while 5 percent suggested establishing dedicated desks at law enforcement institutions. But most importantly, 25 percent suggested fostering better upbringing of men by mothers. These recommendations align with broader strategies that emphasize comprehensive awareness campaigns, gender-sensitization programs, and engaging multiple stakeholders, including families and communities, in challenging patriarchal norms and promoting gender equality.

Intersectionality of Gender and Disability: The identified themes, such as physical, emotional, and sexual harm, parental abuse, workplace harassment, exclusion, overprotective parents, deprivation from education, and restrictions, are likely to be particularly salient for women with disabilities. Their experiences may be further compounded by additional factors such as ableism, stigma, and lack of accessibility. It is crucial to consider the specific ways in which disability intersects with gender-based violence, including the impact of ableism on the experiences of abuse and the potential barriers to reporting or seeking support.

The challenges faced by women with disabilities, as highlighted in the responses, including lack of confidence, fear, mental health issues, isolation, family restrictions, and the impact on overall well-being, may be exacerbated due to the intersecting forms of marginalization they experience. The unique needs and circumstances of women with disabilities should be taken into account when designing interventions, support services, and awareness campaigns.

DISCUSSION

The analysis of data collected from the study unveils a comprehensive understanding of gender-based violence affecting women with disabilities in Pakistan. The findings align with existing literature, highlighting deeply entrenched challenges faced by this vulnerable group. Regarding marginalization, the analysis echoes the literature, depicting women with disabilities as among the most marginalized groups. Participants identified various forms of discrimination impeding their access to fundamental rights, such as medical care, education, and employment. The findings parallel the literature, which highlights the disproportionate obstacles faced by women with disabilities in accessing education. Globally, less than 1% of females with disabilities in developing countries have access to secondary education, underscoring participants' concerns about limited educational opportunities, compounded by physical and communication challenges.

In terms of employment, the findings mirror the literature's assertion that women with disabilities experience higher unemployment or underemployment rates compared to their non-disabled counterparts. The global job rate for women with disabilities stands at 28.4%, significantly lower than the 52.4% for women without disabilities. This underscores the significance of initiatives like the Saheli Project, which provides vocational training and job opportunities to economically empower women with disabilities.

The data also corroborates the literature's observation that women with disabilities are particularly susceptible to various forms of violence, including sexual violence, physical abuse, and harassment. These findings reflect the vulnerability of this group, attributed to a lack of access to support services, social isolation, and communication barriers. This highlights the urgency for comprehensive interventions addressing the intricate interplay of gender and disability, as well as broader societal norms perpetuating violence.

Participants' accounts of physical barriers while navigating public areas align with the literature's assertion of inadequate access to public spaces, hindering full engagement and contributing to social exclusion. Additionally, the literature examines the implementation of disability-related laws in Pakistan, revealing challenges such as insufficient resources, limited data, and societal perceptions that impede progress. However, positive steps, like increased funding for disability programs and policy amendments, resonate with initiatives like the Saheli Project.

The literature underscores the roles of patriarchy and cultural norms in perpetuating gender-based violence, echoed in participants' accounts of familial, caregiver, and stranger-perpetrated violence. Weak legal systems, lack of education, economic insecurity, and conflict-related militarization further complicate the prevalence of GBV.

In conclusion, the data analysis resonates with and supplements existing literature, collectively underscoring the pressing need to address gender-based violence against women with disabilities in Pakistan. The Saheli Project's commitment to empowerment and awareness aligns well with the challenges and requirements of this marginalized group. By integrating these insights, NOWPDP can significantly contribute to reshaping societal norms, eradicating gender-based violence, and nurturing an inclusive society that champions the rights and empowerment of women with disabilities.

RECOMMENDATIONS

1. Firstly, it is imperative to launch awareness initiatives that target the intricate interplay of gender and disability. These initiatives should be carefully designed to challenge prevailing misconceptions and societal norms that contribute to the perpetuation of GBV. Additionally, a diverse range of media channels should be harnessed to amplify these campaigns, fostering a broader understanding of the unique circumstances faced by women with disabilities.
2. Economic empowerment is a crucial avenue that demands attention. Expanding vocational training opportunities that are closely aligned with the aspirations and capabilities of women with disabilities can play a pivotal role in fostering their financial independence. Collaborating with industries and other institutions can facilitate a seamless transition into gainful employment.
3. Accessible legal aid is integral to combating GBV. Advocating for the effective implementation of existing disability-related laws and regulations is essential. This necessitates prompt enforcement mechanisms, widespread awareness campaigns to inform women with disabilities about their legal rights, and the establishment of accessible channels for reporting GBV incidents.
4. Building capacity among healthcare professionals, caregivers, and law enforcement personnel is paramount. Comprehensive training sessions should be developed to sensitize these stakeholders to the unique challenges faced by women with disabilities. Furthermore, protocols for appropriate responses to their specific needs should be established.
5. Engaging men and boys as allies in challenging harmful gender norms is a promising strategy. Tailored programs that raise awareness and promote respectful relationships can be instrumental in educating them about the distinct challenges faced by women with disabilities. Encouraging their active participation in fostering inclusivity can contribute to societal transformation.
6. Cross-sector collaboration serves as a powerful mechanism for change. Fostering partnerships between NGOs, governmental bodies, civil society organizations, and international entities can result in a holistic support network for women with disabilities. The amalgamation of resources and expertise can yield transformative outcomes.
7. The education sector requires a proactive approach in ensuring inclusivity. This can be achieved by crafting specialized educational programs tailored to the distinctive requirements of women with disabilities. In parallel, educators should undergo comprehensive training to facilitate an inclusive learning environment and harness adaptive technologies that empower the educational journey of women with disabilities.
8. Utilizing data-driven approaches is vital for ongoing progress. Prioritizing research and data collection to monitor the prevalence of GBV among women with disabilities can provide critical insights. This data should inform evidence-based policymaking and enable continuous evaluation of intervention efficacy.
9. Lastly, policy advocacy should underscore inclusivity. By advocating for policies that seamlessly integrate disability considerations into broader gender equality initiatives, the voices and unique needs of women with disabilities can be effectively addressed in policy discussions and decision-making processes.