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To cite this article: Samrawit Dessie, Yirgashewa Bekele & Margarita Bilgeri (2019) Sexual violence against girls and young women with disabilities in Ethiopia. Including a capability perspective, Journal of Global Ethics, 15:3, 325-343, DOI: [10.1080/17449626.2019.1690554](https://doi.org/10.1080/17449626.2019.1690554)

To link to this article: <https://doi.org/10.1080/17449626.2019.1690554>



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Published online: 15 Nov 2019.



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Sexual violence against girls and young women with disabilities in Ethiopia. Including a capability perspective

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ABSTRACT

The study examined the attributes of sexual violence against girls and young women with disabilities in the northern part of Ethiopia. In order to reach the proposed objective, six in-depth interviews were conducted with young women with disabilities who were survivors of sexual violence experienced during their adolescence and their caregivers. The study focused on vulnerability factors, situations of perpetrators, effects of sexual abuse and coping strategies. The results revealed that women with disabilities became victims of sexual violence because they are perceived as defenceless and live under poor protection. Disability and poverty are additional risk factors leading to gender-based violence. It was also found that the topic of sexual violence was a taboo in the respective neighbourhoods. Furthermore, the sexual violence was repeated and more severe for some, and it caused never-ending psychological, educational, social, economic, and health problems for all of the participating interviewees. The capability approach was used to reflect on the individual situations of the interviewees. The aim was to analyse contributing factors and consequences of this severe injustice against girls and women with disabilities, as well as to reflect on possible measures to restore capabilities and enable functionings by addressing important conversion factors.

ARTICLE HISTORY


Received 11 December 2018
Accepted 9 August 2019

KEYWORDS

Sexual violence; gender; disability; Ethiopia; capability approach

1. Introduction

In this article, we present an empirical study of four young women with disabilities who are survivors¹ of sexual violence. The study offers insights into the unbearable realities which these women faced. In a further step, the capability approach will be used to embed the findings in a normative framework and to elaborate possible measures from this perspective. As a theoretical background, we use the theory of intersectionality (Crenshaw 1989, 1991) and partly refer to critical realism, which enables us to include ‘the actions of the powerful’, in this paper represented by the perpetrators (Walby, Armstrong, and Strid 2012; Smith 2010). Furthermore, as ‘the crucial task for critical realist researchers is to

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move beyond simply identifying phenomena at the empirical level' (Lennox and Jurdi-Hage 2017, 32), empowerment and coping strategies informed by the conversion factors of the capability approach will be addressed (Sen 1999, 2009).

Sexual abuse is among the most appalling practices in the world; it uses power to undermine a person's integrity (Opoku et al. 2016). Risky environments with a lack of social and legal protection often expose girls and women to harmful crimes which force them to go through excruciating experiences (Habtemariam Mahider 2015). Even though sexual abuse is a reality for members of societies around the world, few people talk about the harmful experiences and fight against the perpetrators (Mitra et al. 2015; Aolain 2011). As a result, in many cases there are no direct consequences for the perpetrators. Many of the survivors of gender-based violence are girls and women with disabilities (WHO 2015), who are often disregarded by their communities and by researchers (Brownridge 2006; Elman and Lodholz 2005).

In her book 'What is Rape?' (2018), Hänel Hilkje discusses and problematises the conceptualisation of rape. '[...] I have drawn upon the insight that rape is a contested concept and upon the apparatus of social structures to argue that rape is a social practice and, as such, is part of a sexist ideological framework' (Hänel Hilkje 2018, 249). She further emphasises that the crime of rape is not only the fault of an 'individual' but also 'lies in the fact that rape as a social practice helps to sustain and reproduce social and structural injustice' (Hänel Hilkje 2018, 249). On the background of social and structural injustice, Hänel Hilkje focuses on the importance of developing a social theory around the phenomenon of rape. In the context of this paper, it is important to look at rape and sexual violence from this perspective, as for the interviewees the injustice they experienced came from social and structural injustice.

Studies describe that sexual abuse occurs in a range of forms which include non-consensual actions (UN 2012), physical abuse, psychological abuse and rape (Habtemariam Mahider 2015) of defenceless people (Opoku et al. 2016). In other words, sexual abuse covers a wide range of actions such as rape, sexual coercion, unwanted sexual advances or harassment, forced prostitution and trafficking (VicHealth 2017, 5). The UN (2012) defines sexual abuse as any sexual activity involving victims without consent and by force. People around the world are subjected to sexual abuse, and people with disabilities are more exposed than people without disabilities (WHO 2015; UNICEF 2014; Aolain 2011). Girls and women with disabilities experience violence within the family, institutions and community at higher rates than their non-disabled counterparts (UN Women 2015). Elman and Lodholz (2005) observe that perpetrators are often male caregivers, male strangers, and those who know that the girls and women are powerless to protect themselves, as is the case in girls and women with intellectual disabilities, who tend to have greater difficulties in communicating others what has happened to them; they further emphasise the fact that the perpetrators are often individuals who are known to their victims. Most perpetrators are males (HCIDC 2013).

The victims are often girls or women who are unable to withhold their consent due to a lack of maturity or lower cognitive development, and who can thus be easily manipulated by perpetrators (Martin et al. 2006): they may not talk about what they have experienced or may not be taken seriously (Elman and Lodholz 2005). Hence, the victims are usually girls or women who are not protected from a risky environment, and also those who are defenceless due to their disabilities (UN Women 2015; WHO 2015). In communities with low awareness, ignorance and negative attitudes towards people with disabilities,

girls and women with disabilities are at increased risk of sexual abuse (Mullu et al. 2015). Unfortunately, people with disabilities are often seen as less than full members of a society, and the issues which concern them are often ignored. Such trends make it easier for perpetrators to go unpunished for their crimes because the girls and women receive less attention from society (Opoku et al. 2016).

In situations where girls and women, due to the nature of their disabilities, are unable to disclose what has happened to them (Elman and Lodholz 2005), the perpetrators can deny any wrongdoing, trusting that their victim will not talk about it. The resulting lack of evidence can be considered an opportunity to abuse girls and women with disabilities (Martin et al. 2006; Elman and Lodholz 2005).

In cases where the perpetrator is a family member, reporting the abuse is considered to cause further harm and loss of care. The problem of assault and abuse of girls and women with disabilities is further complicated by the fact that in most cases the perpetrators come from the immediate environment of their victim (e.g. family member, intimate partner or personal caregiver) and have an established relationship with her (Abramson and Mastroleo 2002).

In cases of rape, where girls and women cannot negotiate safe sex, they are likely to be exposed to sexually transmitted diseases or HIV/AIDS. Moreover, consequences for their health in terms of gynaecological problems such as painful infections which damage their reproductive organs, bleeding, perforation of the uterus, infertility, genital infections or discharges, pelvic pain and painful menstruation continue to affect the girls and women (Elman and Lodholz 2005; Davis 2011). The aftereffects are extreme and possibly lifelong not only for the girls and women; they also induce psychological traumata for the family, for neighbours, for the community as such and for others (Elman and Lodholz 2005; Davis 2011). In many cases, sexual abuse leads to depression and even suicide (Davis 2011; Abramson and Mastroleo 2002).

In prevailing cultural norms in Ethiopia, girls and women with disabilities are considered by the community to be safe from sexual violence, as the society sees it as unusual and shameful to have sexual relations with them (Sara 2001). Although it is essential to expose what happens in the lives of girls and women with disabilities in order to examine factors which favour sexual violence (Rohwerder 2018; Advantage Africa 2016; Sara 2001), most of the cases are under-reported and hidden both by the families and by the neighbours. As a result, it is largely unknown to what extent there is awareness of the magnitude and prevalence rate of sexual violence against girls and women with disabilities in Ethiopia. This study, therefore, sheds light on the experiences of sexual abuse of girls and women with disabilities in northern Ethiopia.

In this paper, we have to contemplate the well-being of the women *before* and their well-being *after* they experience sexual violence. In doing so, we must look at capabilities (real possibilities at their disposal) and functionings (states of being and doing). As in Nussbaum (2005, abstract), the capabilities of all four of the survivors participating in our study changed dramatically through the experienced sexual abuse. Bearing this in mind enables us to explore the coping strategies which can help women with disabilities who have experienced sexual violence to regain quality of life. In this way, our study contributes to the discussion on achieving justice. In other words, it is about doing justice in the sense of improving the lives of women and girls with disabilities who have experienced sexual violence.

2. Method

The general objective of the study was to examine the experiences of sexual abuse of girls and women with disabilities, as well as vulnerability factors and their consequences. In-depth interviews were conducted using unstructured and semi-structured interviews. Qualitative methods were used to collect data, as detailed contents obtained through in-depth interviews can address peculiarities and give access to the lived realities of a person (Denzin and Lincoln 2000). Qualitative research helps to detect a wide range of dimensions in the social world. It can explore experiences in everyday life, and its methodology celebrates the richness of data (Sandall et al. 2002; Mason 2002). Qualitative research offers more possibilities in social environments where the setting is complex and multi-dimensional (Mason 2002). Therefore, using qualitative research methods helps to gather rich data. Furthermore, qualitative data analysis guides the organisation and interpretation of the data (Easterby-Smith, Golden-Biddle, and Locke 2008). Additionally, the perspective of the capability approach is emphasised by analysing the four thematic areas of the study: vulnerability, situation of the perpetrator, effects of sexual abuse, and coping strategies. Based on these thematic areas we developed a framework for applying the capability approach. This framework looks at the situation before and after the sexual abuse and builds on the aspects of prevention, risk factors, and action and support.

2.1. Data collection

For the interviews, several days had to be spent in each case and frequent visits were necessary. Semi-structured interviews were conducted with a mother and an aunt; in the case of the young women themselves, unstructured interviews were conducted at the beginning and semi-structured interviews were chosen for further data collection.

The in-depth interviews were tape-recorded after obtaining the consent of the participants. One person, Sara, did not give her consent to be tape-recorded. The accuracy of the transcribed data was verified by the interviewees (except Sara, whose interview was not transcribed). The data was analysed thematically, focussing on vulnerability factors, situations of perpetrators, consequences of sexual violence and coping mechanisms. The study used a thematic analysis because thematic analyses of qualitative data help to organize the data in line with the objective of the research and help to identify the relationships between sets of variables in the findings (Ibrahim 2012).

2.2. Participants

The participants of the study were four young women with disabilities who were survivors of sexual violence experienced during their adolescence, as well as the mother of one participant and the aunt of another participant. The participants were selected from two primary schools and one rehabilitation centre. In Ethiopian schools, female teachers are regarded as good supporters of children with special needs and for girls who have experienced abuse. The researchers were informed that two female teachers were assigned by the schools to support the affected girls and other pupils with disabilities. Accordingly, the teachers were contacted. Obtaining the consent of the interviewees was possible after repeated visits and conversations. The data was collected between January and May

2016. In the following, the participants will be introduced anonymously, indicating their medically attributed disability. This does not mean that the interviewees were primarily viewed from a medical perspective. However, the kind of disability was a relevant factor in the context of the rape situations.

Hanna was 16 years old and had an intellectual disability. Before starting the interviews, the visits for establishing a relationship with her continued during four days. Each day's visit lasted approximately 40 minutes to 1 hour depending on Hanna's mood. During those initial sessions, different approaches were used such as drawing and talking about the picture or singing to her in order to create a comfortable atmosphere. After four days of regular contact, Hanna started to feel at ease with her visitor and started to gradually disclose what had happened to her.

Sara was a 17-year-old girl with a mobility impairment. She seemed reluctant to speak and she stated that 'what is the point of talking about it if it doesn't help me?'. Sara was convinced that nothing would change, no matter what she would or would not reveal. She was also the one participant who did not want to be recorded. However, Sara gradually became convinced of the study purpose when discussing the importance of research into sexual violence in order to give a voice to the voiceless, to raise awareness and to enable prevention. The interview itself was carried out over two days.

Hawa was 25 years old, blind and an orphan. She was getting support from the rehabilitation centre for blind students. The interview took place in the centre. At the beginning, it was difficult for the researcher to make Hawa feel at ease. After a number of random visits over several days, the interview lasted another four days and an average of one and a half hours per day.

Beti was a 20-year-old girl who was deaf. It was essential for the researcher to know sign language, as the topic was very sensitive and it would have complicated the situation if more people than necessary had been involved in the interview. Beti was open and expressive and it did not take much effort to obtain her consent. She agreed to be interviewed and set a date for it during the first contact. The interview was conducted in the school and lasted two days with an average of approximately one and a half hours per day.

2.3. Ethical considerations

Considering the highly sensitive topic of this research, it was especially important to be empathic and listen carefully to the speech (spoken as well as body speech) of the interviewees, trying to support them and not bringing them into situations they couldn't cope with. It was essential to avoid making the participants relive their painful experiences or aggravating the personal traumata which they had experienced. Speaking about a traumatic experience is difficult but can sometimes help to start processing the experience. However, the research was not intended as a therapeutic intervention as '[s]imply talking about a traumatic event may give intellectual insight about why the victim has a negative self-image, for instance, but it does not actually change the image' (Beck, Freeman, and Associates 1990, 92).

Nevertheless, the researcher conducted the research with respect and empathy. She followed the appropriate way of conducting research activities in an effort to obtain relevant and adequate data for the study. Informed consent of each organisation and participant was collected and the privacy and anonymity of the organisation and the participants was secured.

3. Giving a voice to the young women

This chapter presents the results of the study by giving a voice to the survivors of gender-based violence. In other words, large parts of the interviews will be reproduced in order to make the experiences more accessible. It is considered to be useful to present these parts of the interviews, as they allow the reader to understand the participants' experiences more clearly.

3.1. Hanna

Hanna had a moderate intellectual disability according to her school profile and was living with her widowed mother. She spoke slowly and used few words at once to express herself. She became a victim of rape when she was 13 years old. According to her teacher, she failed to control her bladder and no one was interested to sit near her in the classroom. Even though she could not remember all the specific details of what had happened to her, or could not tell it from the bottom up, she continued to hold two persons responsible for what had happened to her and for how she felt about it. Through a good relationship already developed with her, Hanna felt more comfortable during the interviews that were conducted with her. She started talking and referred to a man who was her neighbour:

One day, I was alone at home and he came and knocked on the door; when I opened the door he grasped my hand and took me to his mother's house, which was very dark. No one was around that day. Then, he covered my mouth with cloth and got me to lie down and did painful things. I could not stand to walk, and he held me and took me back to my home. He told me not to tell anyone; otherwise he would kill me and my mom.

Hanna was sexually abused a second time by a priest who was a relative of her mother's. She stated:

One day, [...] the priest knew that she [the mother] was not around. He asked me to go with him to his house [...]. So he hit my back with his umbrella and grabbed my neck and took me inside. Then he made me lie down and did the same bad thing. Again it was painful. Then, I screamed calling my mum's name but no one came. Afterwards, he begged me not to tell anyone about it. He gave me five 'Birr' [Ethiopian money] and candy to return back. He continued doing the same at our house in the absence of my mom and gave me candy not to tell to my mom. [...] When I told my mom about it, she told me to shut up and not to mention such a thing to anyone. What can I do?

Hanna's mother was a 57-year-old widow and daily labourer who lived in a small neighbourhood. After frequent visits, she finally agreed to disclose what happened. The effort to obtain justice for her daughter in relation to the first perpetrator (the neighbour) had made Hanna's mother hopeless, since the police did not show any interest in finding the perpetrator and taking him to justice. 'Together with the teachers, we went to the police station and explained everything.' When they heard about it, they promised to take him to court and that he would get what he deserved. But nothing happened. 'The police also asked for evidence but who does this kind of thing with evidence' (Hanna's mother). The perpetrator heard about them reporting to the police and started to threaten them. Even the neighbours told them to be quiet. Regarding the second perpetrator (the priest and relative of the family), the mother was hesitant to disclose the

incident. This is one example of the fact that rape and sexual violence in general are taboos in this society. This applies even more to young women with disabilities and the involvement of relatives. However, the mother stated further:

Before I even finished crying and dried out my tears in counting the cost, the second got in the way. My daughter often felt sick and lost appetite, so I decided to take her to the doctor again. When they examined, I was told that she got pregnant. So, I begged them to do an abortion for her. After the abortion, we returned home but she could not stop bleeding. So, we went back again for further check-up, I found out that there was a leftover in her womb because they did it quite awfully and irresponsibly. It took them two weeks to treat her all over. Since then, she bleeds a lot still, fails to control her bladder, and she gets upset easily and insults people and has nightmares. Due to her lack of bladder control, people avoid her more than they did before.

After all the suffering due to Hanna's sexual abuses, the mother was shocked again when she found out about Hanna's pregnancy, followed by abortion and related infections. The mother also stated that since she worked as a daily labourer she could not afford to take her daughter to a better health service. Hence, her daughter was living with health and psychological problems. For Hanna the intersection of poverty, disability and gender had serious consequences. Her circumstance had put her more at risk than others. Furthermore, her family's financial situation resulted in poor medical services, which again resulted in lasting problems with severe effects on her psychological state and her social life (amongst others).

3.2. Sara

Sara was a 17-year-old girl with a mobility impairment who was living with her aunt and was in grade 4 in primary school. She started school very late since she was living in the rural area where there was hardly any opportunity for schooling for children with disabilities. She started school after she came to live with her aunt. She was a victim of sexual violence when she was 15. At first she questioned the use of studying this unspeakable experience, but then she agreed to the interview.

[O]ne day the district office ruined our house because it was illegally built [...]. So I and my aunt with support of others made a plastic shelter for the time being until we would find a house for rent. It was one unlucky, unspeakable rainy night where faith seemed to close its door like the rest of our neighbours.

[...] It was about midnight [...]. There was heavy rain falling and the plastic shelter helped us much. However, I saw some people approaching. [...] One of them approached and uncovered us, telling us they had a knife to kill us if we screamed. One of them put a piece of cloth in my mouth and tightly grabbed me while the other one tried to hold me, the first one turned to his friend telling him that I could not run while the other two put cloth in my aunt's mouth. Then, what is left to say, both of them raped us [...]. My mind stopped working and I was unconscious for some time. After they left us, my aunt screamed and people around took me to the health centre to get treatment. [...] I had damage to my womb and caught an infection. I dropped school and returned back to my village for some time. My entire dream turned upside down since education and success was my dream. I am feeling hopeless and discouraged. Whenever I try to forget, it keeps on chasing me!

Sara's aunt was a 48-year-old woman who stated:

That midnight is a nightmare to me even today. [...] I was trying to help her [her niece] escape but she could not since two of them grasped her while one of them bit me in my neck. [...] Although this is a crime to both of us, the damage to my niece makes me speechless and sad. [...] [T]he perpetrators are not identified since it was dark; although we reported to the police, nothing happened for us to get justice.

Again, it is their situation of poverty that puts the women into an extremely risky situation. The fact that neither neighbours nor the district administration cared for the situation of Sara and her aunt added to this risky situation.

3.3. *Hawa*

Hawa was 19 years old and an orphan with a visual impairment. She was in grade 8 in the boarding school. When talking about her experience, she got deeper and deeper into that painful experience. The interview went on for four days, lasting one and a half hours on average per day. She started from when it happened:

It happened when I was 13. At that time I was in grade five learning in boarding school. [...] Going back to my family, one day the nanny from the boarding school accompanied me to the bus station and pled, begged the man who sat down next to me in the bus. So he gave her his word to get me there safely. [...] Unfortunately, the bus went broken when we were almost close to the nearest town. Therefore, they told us to walk [...]. As we went along [...] I got suspicious and fearful. So, I started to question where the rest of the people were. [He said they] did not know the town as he does and that the road was a short cut. [H]e [...] forced me to give myself to him [...].

[...] I was about to die when the guards who protect the forest found me. They even got surprised to see me alive and without being eaten by animals in that forest. [...] Unbelievably the guards rescued me and took me to the hospital.

Even if I am usually a good student in my class, after the incident, I did not care about it at all. I refused to go back to the boarding school and stayed for a year with my relatives. Back to school, when male teachers entered the class, I on the other side had to go out. As a result, I quit schools because it was impossible to learn only by female teachers. So I could not stand the thought of learning by male teachers. Consequently, I had this endless hatred against men.

Hawa was haunted by the trauma she experienced through sexual abuse. She lost her faith in education, which before was so important to her in order to reach her goal of a better life. When asked what had brought her back to the boarding school, she said:

After a year of mental pain and staying with my relatives they advised me to get back to school. However, one day I lost my physical energy and got sick. [...] [T]he doctors told me that I was HIV positive [...]. I gave up my dreams in life again. However, after getting repeated counselling in the boarding school, I started to recover recently. I am getting treatment and also continue my education. That is all punishment in my life. I lost my childhood hope and I am also hopeless to live longer for nothing wrong I made.

Being sexually abused and left in the jungle to die was a very traumatic experience for Hawa. Surviving and learning that she was infected with HIV/AIDS added to the cruelty. On a psychological level, it is extremely difficult to cope with such a trauma without support from outside. The same intersections come into play here as before: poverty, disability and gender.

3.4. Beti

Beti attended grade 7 in a special class for the deaf in one of the primary schools. When she understood the purpose of the study, she agreed to the interview.

[...] Four years ago when I was 16 I used to work in a cafeteria as a dish washer after school to get a little income [...]. At that time, I met this hearing person who was around 35 years old. He used to come to the cafeteria very often. [...]

He invited me for dinner and [...] insisted on me drinking beer. [...] [I]t seems he may have put something like a drug in my beer. Then he asked me to go to a bedroom in the same hotel to talk freely. [...] He sat close to me and unexpectedly took a knife out, threatened to kill me and subsequently ordered me to compromise [...]. He grabbed my hand and [...] told me to get out with him. I am deaf and cannot scream hence, no one around paid attention to what was happening. [...] Then he took me to the bedroom like a helpless animal ready to be slaughtered and bit me in my face. [...] So, finally he raped me and just left me lying there.

Beti decided not to go to the police or tell anyone. She was convinced that nobody would listen to her because of her disability. 'Even if I wanted to report what happened to me, who can understand my language or worse they got surprised even to hear a complaint from me.' Beti even mentioned that being female was hindering her to get help. She knew that her deafness made her the target of the perpetrator and she felt discouraged to go to the police. This was the first time that one of the interviewees specifically mentioned being female as a difficulty. The medical issues were also problematic for Beti as she got an infection.

Thinking of what happened to me often makes me sad. So I started to drink beer who ever invited me to forget about everything. I happen to easily go with men who buy me drinks and pay for sex. I feel I am taking revenge on men for what happened to my life. Then after one year of school dropout, I got an organisation that supported out-of-school children with disabilities. I started getting counselling and my school cost. As a result, I restarted school again and stopped drinking and all other inappropriate behaviours but what happened to me is living with me forever.

Beti wanted to take revenge on men for what had happened to her. Finding an organisation to support her was one of the few ways out of her difficult situation.

4. Discussion

This chapter examines the four dimensions which were mentioned at the beginning: vulnerability factors, situations of perpetrators, effects of sexual abuse and coping strategies.

4.1. Vulnerability factors

In Hanna's case, the perpetrator knew that she had an intellectual disability and might not tell anyone what had happened; she was perceived as defenceless. According to Elman and Lodholz (2005), perpetrators of crimes against girls and women with intellectual disabilities usually assume that their victims will not tell others about what has happened to them. After the second incident Hanna's mother wanted to hide the fact that her relative, a priest, had abused her daughter sexually: 'When I told my mom about it, she told me to shut up and not to mention such a thing to anyone' (Hanna). She defined her experience

as a 'painful thing' because girls and women with intellectual disabilities do not always term the incidence as sexual violence or crime (Elman and Lodholz 2005). Women and girls with intellectual disabilities are among the most vulnerable to sexual violence (Davis 2011). Living in deprived environments with poor protection, absence of legal protection, poor medical treatment and the absence of counselling could be observed in this study as adding to the vulnerability factors.

Resulting from Sara's case, it seems that women and girls with physical disabilities are less able to defend themselves or escape abusive situations (UN Women 2015). This implies that living with a disability facilitates risky situations for girls and women with disabilities which are utilised by their perpetrators (WHO 2015). Being a girl or woman with a disability creates an intersection between gender-based bias and disability which has a significant impact on the lives of girls and women. Hawa said, 'If I were not a girl with visual impairment, things perhaps would have been different'. Sara stated,

The police just ignores the fact that we are a part of the society and we are humans to get protection and they are expecting evidence from me, how do you think a perpetrator of sexual violence keeps witnesses around?

Finally, Beti indicated that 'if I were not deaf, I might use the opportunities around or scream for help but I couldn't due to my disability'. People with communication difficulties are often the target of sexual violence (Davis 2011).

Women and girls with disabilities are targets since they are perceived to be defenceless, it is difficult for them to escape, and it seems easy for perpetrators to avoid evidence (Opoku et al. 2016; Elman and Lodholz 2005). The vulnerability factors of girls and women with disabilities which make it easy for offenders to abuse them include disability, poverty, poor child safety, a risky living situation and poor protection (Opoku et al. 2016; WHO 2015; Davis 2011; Elman and Lodholz 2005). The study at hand shows that people with disabilities who live in poor and risky environments are exposed to sexual violence because the offenders seem to be aware that there is a lack of legal protection for their victims.

4.2. *Situation of the perpetrators*

Hanna's first perpetrator was a neighbour and a relative who knew that she had an intellectual disability. It seems that the perpetrator was waiting for favourable moments. Since young people with intellectual disabilities might not identify risky situations as clearly as people without intellectual disabilities, they are likely to be exposed to sexual violence (Elman and Lodholz 2005). It is not unusual that the perpetrator is a relative or someone who knows the situation of the victim (Opoku et al. 2016).

In the case of Sara and her aunt, the perpetrators used the unfavourable circumstances which were a missing shelter, the darkness and the heavy rain. However, the perpetrators seemed to understand well who their victims were (Elman and Lodholz 2005). Poverty exposes people with disabilities to sexual violence and abuse (Opoku et al. 2016).

In Hawa's case, the perpetrator took advantage of the exceptional situation in which she found herself (broken bus). Perpetrators choose a victim who they think is more vulnerable and easy to take advantage of (UN Women 2015; WHO 2015). Since Hawa was a stranger at that particular place and could not see what was going on around her, she was vulnerable.

In Beti's case, she stated that the perpetrator was a hearing man who knew that she was deaf and appeared as somebody who really wished to take her out for a date. Here it is possible to discuss three aspects: the exposure of the victim to a risky environment due to poverty, lack of family support and deafness (Curry, Hassouneh-Phillips, and Johnston-Silverberg 2001). Deafness can be understood as an advantage for perpetrators since the girls and women are likely to find it difficult to ask for help during attacks. As a result, the offender takes advantage of the nature of the disability (WHO 2015). This suggests that girls and women with disabilities are subjected to multiple discriminations and abuse (UN 2012).

4.3. Effects of sexual abuse

Even if Hanna did not realise what sexual violence was or could not explain it from the perspective of violence or human rights issues, it does not mean that she was unable to feel and undergo this horrible experience. Studies show that sexual violence leads to genital damage and physical, psychological and other problems (Mullu et al. 2015). The priest left behind a huge pain which will last her lifetime: a pregnancy followed by abortion which caused her to lose a lot of blood and resulted in extra costs for the mother. Such health problems are reported in many cases of rape (Opoku et al. 2016; Mullu et al. 2015). The absence of justice also leads to the probability of being confronted with the perpetrator. Seeing the perpetrator often causes anger and psychological pain to survivors of sexual violence (Mullu et al. 2015). Furthermore, in Hanna's case, nightmares and bed-wetting became common.

Sara spoke about her hopelessness and about giving up on almost everything except getting ready to die. Her aunt also stated that Sara could not think straight for six months, which also indicates that she may have suffered from depression.

In Hawa's case, she faced endless problems due to the experienced sexual violence. Being a woman with a disability itself poses lots of difficulties. What made Hawa's life even more difficult was the sexual violence which she experienced, and the fact that she was infected with HIV/AIDs. Hawa broke off all relations with people and lost trust in men.

Beti had already developed a negative relationship with her family simply because she was deaf. Rape followed by health problems due to infection and lack of money for treatment became an additional burden in her life.

The psychological and health-related consequences of sexual violence were found to last longer for girls and women particularly in the absence of rehabilitation support. Polusny and Follette (1995) point out the broad dimension of the consequence of sexual abuse such as poor social skill, psychological problems, dysfunction, maladjustment, suicidal acts and the tendency to take revenge.

4.4. Coping strategies

Finding strategies to cope with gender-based violence is challenging. Hanna's mother advised her to engage in religious activities as an ultimate solution to cope with her problems. Sara decided to go back to her home town and forget that this had ever happened. However, wherever she went, one thing, according to her, was sure: 'It seems impossible to forget it because it keeps on hunting me!'. Hawa decided not to continue to live like before, shutting herself off from the rest of the world, her dreams and goals which she

had desired for a long time. She returned back to her aunt and dropped school for some time but finally went back; she got organisational support and received medical and counselling services, which helped her to stay in school. Beti tended to drink alcohol often and used any opportunity to have sexual relationships with men. This seemed to be an act of revenge on what happened to her life against her will. Although she considered drinking and having sexual contact as a form of revenge on what happened to her, the feeling of being a victim continued to live on within her.

5. Conclusion of the study

The intersection of poverty, disability and gender increases the exposure to gender-based violence. Girls and women with disabilities are vulnerable to sexual violence precisely because of the difficulty they face to hear, understand, communicate, see, or defend themselves. Difficulties are also posed by society and by their environment. Certain attitudes and lack of knowledge in the communities, above all, can lead to risky situations for girls and women with disabilities. Additionally, living conditions, lack of security and the absence of justice exacerbate the situation. All these are factors that increase the personal risk of becoming a victim of sexual violence.

The consequences of rape as observed in the study at hand were repeated abuse, school dropout, unwanted pregnancy followed by abortion, infection, psychological trauma, HIV/AIDS, ignorance among the community, absence of legal protection and a reluctance to investigate on the part of the police, as well as an absence of trauma counselling. In conclusion, the study shows that girls and women with disabilities live in poor and risky environments which expose them to sexual violence. It can also be concluded that girls and women with disabilities who experience sexual violence are not legally protected and there is an absence of critical investigation on the part of the police to identify the perpetrators. In addition, there are no official rehabilitation services such as medical, psychological and social support specifically directed to and made accessible to girls and women with disabilities.

In the closing section of this article, we adopt a capability perspective and present the results from this additional perspective. This leads to further conclusions and deeper insights into the dynamics between different aspects that have been identified by the study and dimensions added from the capability approach.

6. Adopting a capability perspective

The capability approach offers a perspective which can help to improve the well-being and quality of life of survivors by analysing possibilities of rehabilitating capabilities.

'The capability approach is a broad normative framework for the evaluation of individual well-being and social arrangements, the design of policies and proposals about social change in society' (Robeyns 2005, abstract). The capability approach puts its focus on internal capabilities that can turn into functionings. It is about possibilities to choose a way of life which is valued by the individual person; hence achieving well-being and quality of life, or according to Sen: 'the freedom to lead the kind of lives they value – and have reason to value' (1999, 8). Everyone of us has certain capabilities that can, under certain circumstances, referred to as 'conversion factors', be turned into functionings.

Nussbaum states that sexual violence jeopardises ‘every major capability in a woman’s life’ (Nussbaum 2005, abstract). This includes women with disabilities, even though the intersection of disability and gender makes their situation even more challenging. With this in mind, we will explain why the capability approach is introduced in the context of this paper and elaborate on the relation between the four analysed dimensions and the capability approach.

Robeyns writes,

Sen (2009) himself has argued at length that we don’t need a theory that describes a utopian ideal, but rather we need theorising to help us with making comparisons of injustice, and to guide us towards a less unjust society. (2017, 157)

In regard to justice, the capability approach opens up a very special perspective on the study presented. On the background of three of the four dimensions (vulnerability, situation of the perpetrators and effects of sexual violence), successful coping strategies (fourth dimension) do not seem to be available to the interviewees. Using the capability approach enables us to look closer at the damaged capabilities and to identify steps of possible recovery. Martha Nussbaum chooses to address sexual violence by describing the ‘damage done by such violence in the most perspicuous way and make the most helpful recommendations for dealing with it’ (Nussbaum 2005, abstract). According to Nussbaum, the capability approach can be used as a tool for doing so and she suggests her list of basic capabilities as a major tool (Nussbaum 2005, abstract). The list can be a useful approach in dealing with the topic, also because Nussbaum defines her approach to the capability approach as ‘one species of a human rights approach’ (2005, 175). Robeyns (2017), however, favours the idea of a process to select capabilities, rather than a definitive list like Nussbaum’s.

In the end, the focus has to lie on the created damage and its implications for the individual in the context of capabilities. Nussbaum’s analysis refers to her list of capabilities: life; bodily health; bodily integrity; senses, imagination and thought; emotions, practical reason; affiliation; other species; play; and control over one’s environment (Nussbaum 2003). By referring to all of these capabilities with regard to the context of sexual violence, we already assumed that it leads to a total destruction of capabilities as such. Women very often feel guilty and blame themselves; ‘sexual violence and the fear of it cripple imagination, thought, and the enjoyment of the senses, as well as hindering access to education, to freedom of speech’ (Nussbaum 2003, 172). This was also the case in this study. Affiliation or a sense of belonging cannot be developed easily anymore because of fear and mistrust; mobility and independence are similarly affected, and control over the environment is radically abridged (Nussbaum 2003, 172f.).

The implications which result from the study and which should restore the capabilities of the girls and young women with disabilities and empower them to reach the functionings which they value are closely connected to the so-called conversion factors. In the context of the capability approach, conversion factors are those factors which are decisive for reaching a functioning or not. Hence, they are ‘necessary framework conditions’ (Schiermer 2017, 172).

To be more specific, Robeyns divides conversion factors into three groups: personal, social, and environmental (2005, 99). One example is the organisation which helped Beti return to school, which involved social and environmental conversion factors; it enabled her to use her capabilities and turn them into functionings.

The study shows the sheer traumatisation, exploitation and bodily as well as psychological violation experienced by the girls and women. The harm and moral violation which takes place through sexual abuse is unethical and inhuman; it is extremely harmful to the bodily and personal integrity of the victims and can lead to a total destruction of sense of self, which includes self-respect and self-confidence. These aspects can be mainly related to 'bodily integrity', 'emotions' and 'control over one's environment' of Nussbaum's list (2003). However, also other ethical paradigms like recognition and dignity are addressed in this context. The traumatising of girls and women with disabilities experiencing sexual violence is often a lifelong agony. The role of the capability approach in this context can be seen as identifying lost capabilities and functionings and looking for conversion factors that may be able to restore the loss. For example, the capability of believing in oneself can lead to the functioning of receiving education; the capability of trusting the environment can lead to being able to accept support. Conversion factors, in this context, are closely connected to the social environment of the women with disabilities and to persons who can gain their trust and support them. This, in consequence, can lead to the functioning of moving forward and choosing to live a life after a reduction of capabilities.

The following framework describes risk factors, possibilities of prevention and issues related to action and support in relation to the study. It shows how the girls and women with disabilities who participated in the study could be supported in regaining their capabilities and functionings. The whole framework refers to the entirety of the collected data, not to the individual women (Figure 1).

The capability approach is a powerful tool since it offers the possibility of looking at problems which start at the internal capability level. At this level, it is possible to stimulate processes of self-determined recovery. At the level of personal characteristics, it is of utmost importance to encourage healing processes in the sense of regaining self-respect and starting empowerment processes.

The development of this framework and the inclusion of the intersection of poverty, disability and gender has to be seen in the light of the critical realist perspective which moves 'from a description of some phenomenon to a description of something which produces it or is a condition for it' (Bhaskar 2009, 7 fn 26). From this perspective, we can observe that all the participants of this study were exposed to risky environments which favoured the perpetrators. The first pillar of the conversion factors refers to social preconditions. In the context of this study, this includes community education on gender-based violence against girls and women with disabilities. This informs the community and protects the target groups. Providing training for family and community at large on risk factors, the behaviours of perpetrators and prevention mechanisms is vital. Looking at society as such, one of Hänel Hilke's main statements refers to the conviction that to counter 'the sexist ideology we should focus on education instead of punishment' (2018, 250).

Parents also have the responsibility to teach their daughters about risk factors and how to protect themselves. Professionals, victims and parents must collaborate with governmental and non-governmental agencies to improve the prevention of crimes against girls and women with disabilities. Hence, the social conversion factors are closely related to family, community and society as such. A high awareness of reasons and consequences of sexual violence can also raise understanding and support within the community.

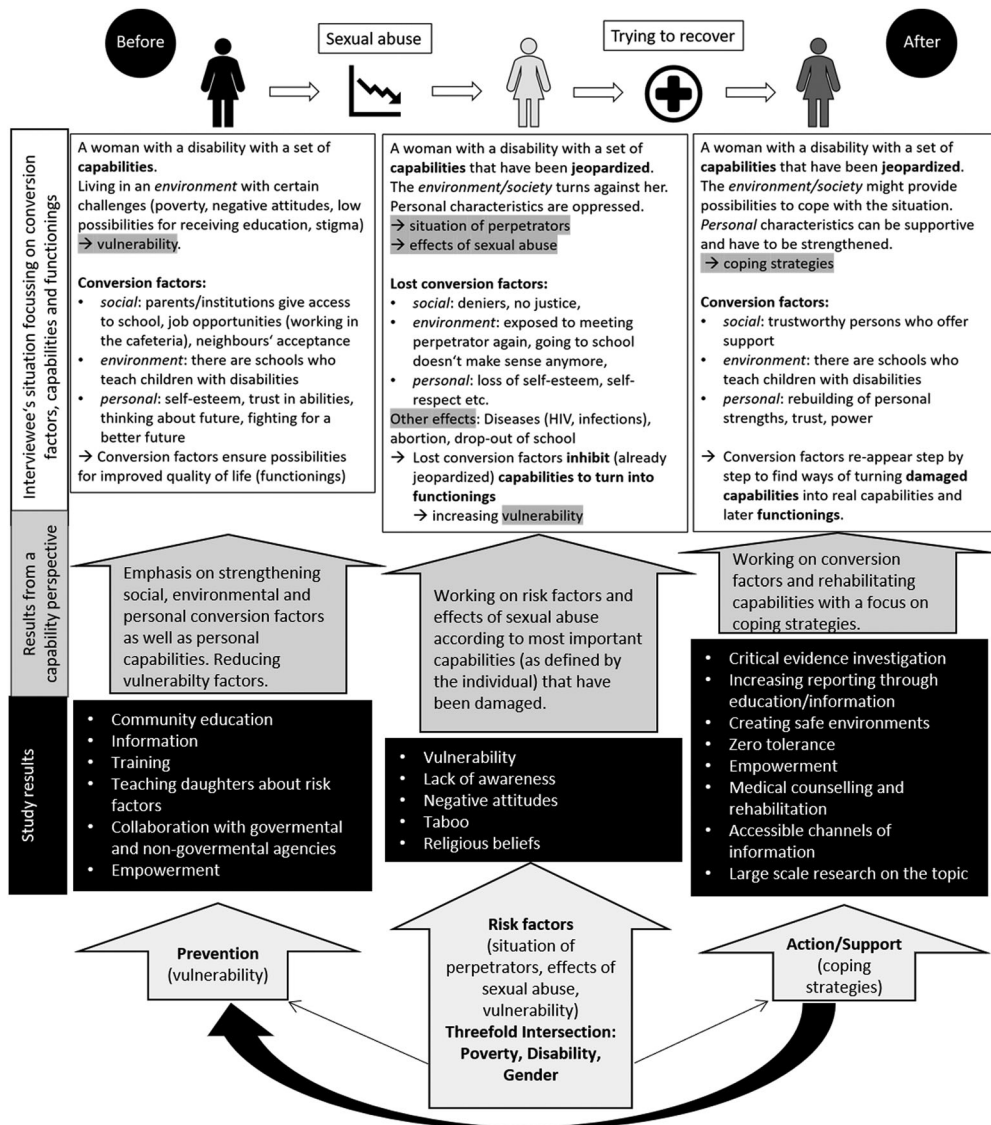


Figure 1. Framework.

One aspect which is problematic in this context is the fact that the Ethiopian society perceives disability as a punishment from God or as an indicator of sin or bad deeds in the family.

The pillar of environmental characteristics includes the need for legal protection and critical evidence investigation on the part of the police and other judicial institutions. Reporting can be increased by educating individuals with disabilities, their parents and society at large, thus creating a safe environment which allows the girls and women to disclose. For this purpose, a zero-tolerance campaign is needed, designed to raise awareness and recognition of the fact that many girls and women become victims of sexual violence every day.

However, any such campaign might be counteracted by the fact that sexual violence in general, and sexual violence against girls and women with disability in particular, is usually treated as a taboo in Ethiopia as also this study showed. This points at the intersection of gender and disability.

The third and last pillar of the conversion factors refers to personal characteristics. Empowering measures to enhance the assertiveness and confidence of girls and women with disabilities to stand for their rights and speak up for themselves could be a milestone to change the prevailing handling of rape as a taboo. 'Another way to counteract the sexist ideology and its proneness to rape is to train how to communicate physical and emotional boundaries' (Hänel Hilkje 2018, 251). This will have different challenges in certain cultures compared to others. A further vital measure is to organise medical rehabilitation and counselling centres specifically for girls and women with disabilities. This can help them to cope with their situation and/or provide financial and legal support if needed. Channels of information which are more accessible for girls and women with disabilities who have experienced sexual violence must be created, contributing substantially to helping and guiding them in taking action. This is especially important as it helps survivors of sexual violence to recover capabilities.

There is a need for large-scale research focussing on disability-specific sexual violence and related causes. In a first step, the magnitude of the problem must be recognised, as well as the fact that girls and women with disabilities are not only affected by violence but are also more vulnerable and hence highly victimised.

All these measures will also help to promote global justice for children with disabilities who have been sexually abused or are in danger of becoming victims.

These elements can be referred to as conversion factors which enable survivors of sexual violence to find ways to first recover their capabilities and in a next step convert their capabilities into functionings. In the environment of a society which is highly framed by religious and traditional beliefs, where disability is mostly seen as a curse from god, where – moreover – mostly the mothers are held responsible for the disability of a child, where women in general and women with disabilities in particular are valued less, it is even more difficult to make this happen (Schiemer 2017). In other words, in regard to the social aspect of the conversion factors, it is of major importance to raise awareness and change attitudes in the society at large when it comes to girls and women with disabilities.

'We come to the conclusion that violence experienced by disabled children and their families says more about the dominant culture of disablism than it does of the acts of a few seemingly irrational, unreasonable, mean or violent individuals' (Goodley and Runswick-Cole 2011, abstract). We can assume that a dominant culture of disablism exists also in Ethiopia. However, it can be observed that change is slowly under way. There are different programmes on the radio and also in mini-media in schools (Schiemer 2017) which are informing about disability.

In Ethiopia specifically, it is essential for girls and women with disabilities to achieve more respect. They need to be seen as human beings, as women with sexual desires, with the potential desire of having a family, falling in love and having (sexual) relations in general. These ideas are far from a lived reality. Sexual abuse, as the study shows, is targeted at the weak, the ones who are presumably unable to stand up for their rights.

Girls and women with disabilities, as well as other human beings who are not respected and not included in a society, are in danger of being abused and exploited by the members of that society. It should not be optional to include girls and women with disabilities in society and discover and value their diverse abilities; instead, it must be seen as positively mandatory to create a society which embraces diversity and uses the resources which are activated by such a process. Finally, respect and appraisal are two essentials which are able to reduce harm and the destruction of lives through (sexual) violence and abuse.

Note

1. We generally avoid speaking of 'victims', as this word implies helplessness and a lack of control. Instead, we use the term 'survivors' in order to explicitly focus on the aspect of empowerment and on possibilities of recovery and of regaining control. However, in some situations the experience of sexual violence is also an experience of being a victim; therefore, both terms are used in this paper, differentiated by context.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by ADC, Austrian Development Cooperation, APPEAR, OOAD and the Open Access Office of the University of Vienna.

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