



Preventing Violence against Women and Girls with Disabilities: An Evaluation of Safe and Capable in Haiti



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For more information about or access to *Safe and Capable*, contact Beyond Borders/Depase Fwontyè yo at rethinkingpower@beyondborders.net

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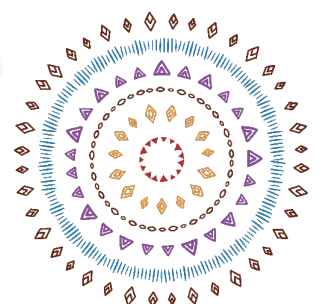


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Acronyms

FGD	Focus group discussions
GWI	Global Women's Institute
HIV	Human immunodeficiency virus
IPV	Intimate partner violence
KII	Key informant interviews
LMICs	Low-middle income countries
NPSV	Non-partner sexual violence
VAC	Violence against children
VAWG	Violence against women and girls
WHO	World Health Organization



Background

Violence Against Women and Girls

Violence against women and girls (VAWG) is commonly experienced in Haiti, with the World Health Organization (WHO) estimating that 23% of women and girls aged 15-49 have experienced intimate partner violence (IPV) during their lifetimes, and 12% in the past year (WHO, 2021). Risks of VAWG start early, with one-in-four girls reporting an incidence of sexual abuse prior to 18 years of age (Centers for Disease Control and Prevention, 2014) and one-in-five adolescent girls reporting that their first sexual experience was forced (Botts et al., 2012). This violence can have serious public health consequences. In particular, exposure to violence during childhood (including witnessing parental IPV) has been seen to increase the risk of experiencing violence later in life (Bott et al., 2012; Fulu et al., 2017). Furthermore, large proportions of women who have experienced violence report physical injuries and/or anxiety or depression as a result of their experiences (Bott et al., 2012). Injuries and/or mental health conditions after exposure to violence can lead to disability and exclusion of women and girls (WHO, 2013), or exacerbate existing health conditions, further increasing risk of violence (Coker et al., 2000; van der Heijden & Dunkle 2017).

Violence against Women and Girls with Disabilities

Nearly 20% of the world's women live with one or more disabilities (World Health Organization, 2011). Disability is the interaction between people with a health condition (e.g., Cerebral Palsy, Down Syndrome, visual impairment, etc.) and barriers in their environment (e.g., negative attitudes, inaccessible transportation and buildings, and limited social supports) (Adapted from: WHO, 2001 by Beyond Borders, 2021). Women are more likely than men to become disabled during their lives, due in part to gender bias in the allocation of scarce resources and in access to health services especially in low-middle income countries (LMICs) (Balart & Take 2018). Disability and gender bias can put them at increased risk of experiencing violence

Some Key Terms

Violence against Women and Girls:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life (United Nations General Assembly, 1993).

Intimate Partner Violence: Intimate partner violence refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship (WHO, 2012).

Sexual Violence: Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality, using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, which is defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object; attempted rape; unwanted sexual touching; and other non-contact forms (United Nations General Assembly, 1993).

(Hughes, et al., 2012).¹ Recent research conducted in LMICs has found that women with disabilities have two to four times the odds of experiencing IPV and non-partner sexual violence (NPSV) compared to women without disabilities in these settings (Dunkle et al., 2018). Women with more severe disabilities were found to be more likely to experience both IPV and NPSV during their lifetime (Dunkle et al., 2018). Women and girls with disabilities are particularly targeted by perpetrators because of social exclusion, limited mobility, lack of support structures, communication barriers, and negative social perceptions and cultural norms around disability. In many cases, the people who use violence are family and caregivers, either at home or in institutional settings, and females with disabilities often find themselves trapped by violent partners or family members because they are financially and socially dependent on them (Curry et al 2009; van der Heijden & Dunkle 2017).

When considering violence against children (VAC) specifically, a recent systematic review has found that 31.7% of children with disabilities have experienced VAC, double the odds of experiencing violence compared to their peers who live without disabilities (Fang et al., 2022). While evidence from LMICs is minimal, reviews reveal that children in economically disadvantaged contexts are especially vulnerable to experiencing violence (Jones et al., 2012; Fang et al., 2022). Individual LMIC studies highlight how violence against children is strongly associated with disability and higher depression scores and that girls with disabilities experience significantly higher levels of sexual abuse than girls without disabilities (DeVries 2014; Somani et al., 2021). Children with disabilities also experience barriers to child protection mechanisms in low resource settings (Banks et al., 2017).

Rethinking Power Program and the Inclusion of a Component to Prevent VAWG with Disabilities

One of the best-known models to prevent violence against women is *SASA!*. The *SASA!* methodology was developed by [Raising Voices](#), a nongovernmental organization based in Kampala, Uganda, to prevent VAWG and human immunodeficiency virus (HIV) by addressing the balance of power in intimate partner relationships and broader community dynamics. In 2014, a randomized control trial conducted by the London School of Medicine and Tropical Hygiene first demonstrated the methodology's effectiveness in preventing both IPV and risk behaviors related to HIV transmission (Abramsky et al., 2014). *SASA!* mobilizes communities by training and supporting community-based activists representative of the community to conduct their own violence prevention activities within the course of their everyday lives and in community spaces where people already gather. It works through a phased process of change that allows for behavior change and collective advocacy to be led by the mobilized community towards the end of the process.

In 2010, the [Rethinking Power](#) program of [Beyond Borders](#)/Depase Fwontyè yo adapted and piloted the original *SASA!* approach to the cultural and language context of Haiti. *Power to Girls*, a complementary methodology inspired by and adapted partly from *SASA!*, that seeks to prevent violence against adolescent girls by mobilizing girls and their communities to prevent it, was added in 2013. *Power to Girls* includes a community mobilization process like *SASA!*'s, combining it with girl-centered programming including girls' groups and a school process of change.

¹ Based on a threshold of 40 on a multidomain functioning scale from data collected in 59 countries:
https://www.who.int/disabilities/world_report/2011/report.pdf

In 2017, Beyond Borders/Depase Fwontyè yo began to implement the adapted *SASA!* and *Power to Girls* in La Vallée Commune in Southeast, Haiti. In parallel, the Global Women's Institute (GWI) at the George Washington University partnered with Beyond Borders/Depase Fwontyè yo to begin an evaluation that would document the impact of the *Rethinking Power* program. Baseline results from this evaluation confirmed that Haitian women suffer high levels of VAWG. It confirmed global findings that one-in-three ever-partnered women and girls (aged 15-64) have experienced physical and/or sexual IPV by a male partner in their lifetime; and nearly one-in-four reported experiencing some form of IPV from a male partner in the twelve months prior to completing the survey. In addition to violence in the home, the study documented that women and girls aged 10-64 were also vulnerable to sexual violence perpetrated by non-partners, including sexual harassment, unwanted sexual touching, rape, and attempted rape (Contreras-Urbina et al., 2021).

The Safe and Capable complementary resource pack

The *Rethinking Power* implementation that began in 2017 did not include specific components to address the intersections of VAWG and disabilities. However, the team had been aware for some years of the need for further exploration of those intersections. While pre-testing materials for the *SASA!* adaptation for Haiti that included people with disabilities as part of the drawings, discriminatory remarks and confusion created among test groups derailed the conversations on violence so completely that the team chose to remove the images from the final piece while recognizing that more research, partnerships, and resources were needed to address the issue appropriately.

The opportunity to respond to the profound need to shift inequitable social norms so that women and girls with disabilities enjoy equal power with others in the community and within their households - an approach that seeks to reduce VAWG with disabilities - came in 2019. Beyond Borders/Depase Fwontyè yo partnered with two Haitian organizations in the disability rights field: [Pazapa Center](#) and [Productions Théâtre Toupatou](#) and an Accountability Consultant, who ensured that the perspectives of women and girls with disabilities were incorporated into the program. Activists from the disability rights movement were integrated into this initiative, gaining funding support from the [UN Trust Fund to End Violence Against Women](#). Together, they created a complementary resource pack called *Safe and Capable*, designed to be used alongside *SASA!* or *Power to Girls*, to help any organization using one of those methodologies to better address VAWG with disabilities.

"Safe and Capable is a resource pack designed to prevent violence against women and girls with disabilities by mobilizing the entire community to protect their rights and well-being. The idea is for women and girls with disabilities to be *safe*, and for women and girls with disabilities and their communities to be *capable* of preventing violence. *Safe and Capable* includes tools and activities to help community members examine the power imbalances between women and men, girls and boys, and between people with disabilities and those without disabilities. Community groups and other stakeholders can use these resources to change what community members *know*, how they *feel* and what they *do* to prevent violence against women and girls with disabilities" (Beyond Borders/Depase Fwontyè yo, Pazapa Center and Productions Théâtre Toupatou, 2021).² *SASA!*, *Power to Girls*, and *Safe and Capable* work together to mobilize communities in a process of change that helps community members take action to prevent violence in their everyday lives. Community based activists — including Community Leaders, Community Activists, School Personnel, and Girls' Group Mentors and girls in Girls' Groups — work to create change, participate in training and mentoring with staff, and then conduct

² Aims and Outcomes of Safe and Capable are adapted from Raising Voices (2020). *SASA! Together: An activist approach for preventing violence against women*, Kampala, Uganda.

activities within the everyday activities of their lives with others in the community. *Safe and Capable* includes the following components:

1. **Introduction:** Includes key considerations for integrating specific work on VAWG with disabilities into VAWG prevention programming and practical considerations when setting up programming.
2. **Learning and assessment guide:** Includes Aims and Outcomes for each phase adapted from and complementary to the Raising Voices *SASA! Together* framework, and complementary tools to assess progress and promote continuous learning and improvement for integration within *SASA!* or *Power to Girls*.
3. **Training sessions:** Includes one to three specific training sessions for each of four phases, for staff and community network members about disability rights and VAWG with disabilities.
4. **Community mobilization activities:** Includes a poster, three participatory dramas based on stories of women or girls with disabilities and a quick chat for each of the four phases. These are to be used when community-based activists and leaders conduct activities during their everyday lives.

Safe and Capable is designed to be used over the period of three to five years, adding at least three months to the implementation of *SASA!* or *Power to Girls*.

The Context

Safe and Capable was implemented during a particularly challenging time in the Haitian context. For one, political and social unrest was occurring throughout the country, including protests and strikes against the government and economic conditions (Human Rights Watch, 2020). Rising criminal gang activity – including kidnappings and violence – was also seen in many locations and was specifically a challenge affecting the population of La Vallée commune (Obert, 2022a, Obert, 2022b). In addition, the global COVID-19 pandemic emerged during program implementation. While strict lockdown measures were not implemented in the study locations, some measures were put into place, including school closures and limited gatherings. As increases in poverty and insecurity are often associated with increases in VAWG (Muluneh et al., 2021; Hatcher et al., 2018), these contextual factors should be kept in mind when interpreting the results of the study.

In addition, there were specific program changes due to these conditions. For example, extended school closures meant the schoolwide process of *Power to Girls* could not be implemented as intended and a schoolwide process with curriculum in select secondary schools, which is intended to run throughout implementation, was not integrated until the final months of the program. This limited the participation of boys in *Power to Girls*, though all community members were still engaged in community mobilization activities. In addition, some areas of the community were completely inaccessible to program staff for months due to insecurity, while support to the community network was restricted to phone conversations. Gatherings were also limited for several months due to COVID-19, restricting or halting many daily program activities including girls' group gatherings, activist-led community mobilization, and training and support by staff. The political crisis also impacted the research since the assassination of the president halted data collection at endline for a number of days. These delays slowed momentum for change at community level and contributed to an overall increased timeframe for the intervention.

Research Objective and Methods

Aim

The study/research has two aims: first, to assess rates and trends of VAWG with disabilities in the areas where the *Rethinking Power* program was being implemented in Haiti, and then to assess the impact of the *Rethinking Power* program (with the inclusion of the *Safe and Capable* component) to transform social norms around gender and disability and reduce VAWG with disabilities.

Evaluation design and data collection

[The Global Women's Institute \(GWI\)](#) conducted a quasi-experimental impact evaluation of the *Rethinking Power* program, in partnership with Beyond Borders/Depase Fwontyè yo, Pentagone Consulting Group and Institut de Formation et de Services in Haiti. The evaluation used a mixed methods approach, combining both quantitative and qualitative methodologies to measure the impact of the program to transform unequal gender attitudes and reduce the rates of VAWG. Specifically, disability-disaggregated data was collected in 2019 (serving as baseline for this aspect of the evaluation) and in 2021 (endline). A previous round of data was collected in 2017 (the baseline for the wider *Rethinking Power* evaluation); however, disability-disaggregated data was not included at this point. Overall, the evaluation utilized both qualitative and quantitative methods to obtain a deeper understanding of VAWG and disability in the target communities, as well as to assess the effectiveness of the intervention among women with disabilities.



Research Sites

The evaluation of *Safe and Capable* was undertaken in two communes of Haiti with La Vallée serving as the intervention setting and Marigot as the comparison. In La Vallée, the study was implemented in two communal sections (Musac and Ternier), while in Marigot, data was collected in Corail Soult and Savannes Dubois. These areas were purposefully selected by the study team to serve as comparisons due to similarities in socio-demographics and geography.

Data Collection Tools and Analysis

GWI, in collaboration with Beyond Borders/Depase Fwontyè yo, Pazapa Center and Productions Théâtre Toupatou, developed a set of data collection tools to capture indicators that represent the situation of women and girls with disabilities, including experiences of VAWG. These data were collected via a household survey implemented with women and girls both in the intervention area (La Vallée) and the comparison commune (Marigot). The survey tool included questions about physical, psychosocial, and intellectual disabilities as well as attitudes towards and knowledge about people with disabilities. Women and girls with disabilities aged 15-64 were identified utilizing a scale developed by the Washington Group (Washington Group on Disability Statistics, 2009) that measures the difficulties that people have in hearing, vision, mobility, memory, self-care, and communication functioning. Each of these items is measured on a four-level scale: no difficulty, some difficulty, a lot of difficulty, or they are unable to do it. Based on previous studies that have used this scale and the recommendations from the Washington Group, the research team developed a dichotomous variable (having a disability versus not having a disability) to analyze the answers. We used the most conservative recommendation to capture the most women with disabilities. Respondents who had some or no difficulties were classified as not having a disability. Respondents who met one of the following conditions were classified as having a disability: 1) at least one domain scored as having a lot of difficulty or unable to do it at all or 2) at least some difficulty in two domains. Questions about attitudes towards people with disabilities and knowledge of disabilities were based on several validated scales covering knowledge on the rights of people with disabilities, discomfort around people with disabilities, interaction with people with disabilities, sensitivity, and knowledge of the causes of disabilities.

Mental health was measured using the Kessler Screening Scale for Psychological Distress (K-6) at baseline and endline, which asks respondents to quantify their feelings of being nervous, hopeless, restless, depressed, worthless, or that everything is an effort during the past month, using a five-point Likert-type scale from zero (no days) to four (all days). Following recommendations from the scale author, women whose scores totaled thirteen or higher were identified as experiencing severe psychological distress/mental health challenges in the past thirty days.

In addition, at endline, qualitative data were collected through focus group discussions (FGD) and key informant interviews (KII) both with women and girls with disabilities specifically, as well as other community members, community leaders, and program staff/volunteers. The data collection tools developed to guide the focus groups were participatory exercises that utilized techniques such as open-ended stories and free listing as entry points to discuss violence experienced in the community. Semi-structured interviews complemented these FGDs with targeted discussions with key informants and validation exercises that shared the initial results back with community members and key stakeholders for further interpretation.

A summary of the number of surveys and interviews conducted at each stage in the research is presented in Table 1. While some qualitative data collection was specifically undertaken with people with disabilities (e.g.,

targeted focus groups and interviews), all community members were also asked about their perspectives of people with disabilities as well to validate the household survey findings.

Table 1: Participants

	<i>RETHINKING POWER</i> Baseline 2017	<i>SAFE AND CAPABLE</i> Baseline 2019	<i>COMBINED</i> Endline 2021
Quantitative (Survey with women and girls)	1,158	2,151	2,432
Qualitative (Total # of Focus Groups + Interviews)	25 KIIs and 22 FGDs	None	36 KIIs and 26 FGDs

Data were analyzed in STATA 16.1 (quantitative) and Dedoose 9.0 (qualitative). For quantitative data, descriptive statistics and bivariate analysis (chi square) were undertaken. For qualitative data, transcripts were reviewed and coded for themes and meaning. The research protocol for this study was fully approved by the Institutional Review Board of the George Washington University as well as the Comité National de Bioéthique Haïtien. In addition, permission to conduct the research was secured with appropriate authorities at national and local levels. See the main evaluation report (Bourassa et al., 2022) for more information on the study sites and research methods.



Findings / Effect of Safe and Capable

Safe and Capable was added to the *Rethinking Power* program after its first two years of implementation to focus specifically on the issue of VAWG with disabilities. This has important implications for the evaluation of this aspect of the program. First, *Safe and Capable* was intended to be used over a period of three to five years. However, because it was added in 2019, the evaluation of this component focused on only two years of implementation. As the wider *Rethinking Power* program had been implemented since 2017, some changes (e.g., changes in knowledge and attitudes) would be expected prior to 2019, given intensive work on VAWG issues during the first years of the program. We therefore expect that women and girls with disabilities in the community likely benefitted from the wider four year *Rethinking Power* program, such as decreases in social norms supporting VAWG and rates of violence (see Bourassa et al., 2022 for the main evaluation results). In addition, due to the shorter implementation period of *Safe and Capable*, we expected to see more changes in early phase outcomes (e.g., improved knowledge about and attitudes towards people with disabilities) rather than widespread behavior change. Finally, important global and national forces affected the lives of people in Haiti and program implementation as *Safe and Capable* was being introduced, including a global pandemic, increasing economic insecurity, and political unrest and violence. Residents of La Vallée were particularly affected by increasing community violence due to an influx of gang members from Port-au-Prince related to the social, political, economic, and health crises of the country. These external challenges may specifically be affecting women and girls with disabilities more acutely than those without disabilities (Kett and van Ommeren, 2009; Shakespeare et al., 2021). This will be discussed more below. In addition, the delays, travel restrictions and other effects on programming described in the context section above largely occurred during these two years of intervention.

Women and girls with disabilities

At both baseline and endline about 30% of the surveyed population (women and girls aged 15-64) were identified as having a disability, with 31% of women and girls in La Vallée and 30% in Marigot having a disability at endline. The proportion of women with disabilities increased with age, with 17% of women and girls under the age of 35 having some type of disability compared to 30% of those 35 to 44, 48% among 45- to 54-year-olds, and 65% of women 55 to 64, in line with expectations based on global disability figures.

Measures of community, household, and individual insecurity

As part of the evaluation, participants were asked about their experiences related to community and household insecurity (including a general measure that sought to be a proxy measure for exposure to gang violence³ and more specific questions around food insecurity, health status, and economic insecurity) as these experiences can be associated with increased rates of VAWG in affected communities and households (Breiding et al., 2017; Hatcher et al., 2019). In response to a general question about exposure to the insecurity in the community, 56% of women and girls reported their community was impacted in some way, and nearly half indicated their households were specifically affected by the insecurity. Similarly, 45% of all women reported that their mobility had been restricted due to insecurity (*"As disabled people we're afraid of moving around during the period of*

³ Concerns about safety and security of respondents meant that specific questions asking about exposure to gang violence in the intervention areas were not possible.

insecurity." - Focus Group with Women and Girls with Disabilities - La Vallée). The results were consistent among women across communes, regardless of disability status.

In terms of economic security, women and girls with a disability reported slightly higher unemployment (28%) than women and girls without a disability (26%), and fewer identified as currently enrolled in education (7% compared to 16% of those without disability). Furthermore, fewer women and girls with a disability (33%) had attained any secondary school, compared to women and girls without a disability (55%). In qualitative data, women and girls described the economic insecurity they faced:

“I am blind today and if someone does not give me alms then I have nothing. My son was forced to drop out of school to support me.”

Focus Group with Women and Girls with Disabilities - La Vallée

A large proportion of the overall sample reported being food insecure (39%), while women and girls with disabilities reported food insecurity at significantly higher rates than women with no disabilities (46% compared to 36%). In addition, both groups reported changes in food insecurity (worse, the same, or better in the past year) at similar rates – and more women with disabilities in La Vallée reported food insecurity was getting worse (67% compared to 62% of women without disabilities), suggesting that women with disabilities are more likely to live in food insecure households in general. This finding is consistent with other studies among women and girls with disabilities (for example, Somani et al., 2021). In addition, 48% of women with disabilities also reported worsening health in the past year, twice the rate of women with no disabilities. These concerns were also reflected in qualitative data among women and girls with disabilities:

“Insecurity, inflation, and gasoline shortages impact our life as people living with disabilities. Because of gasoline shortages, some of us couldn’t go to our appointments at the hospital; if you don’t have money, you are stuck at home. The same goes for insecurity - to receive health care, you must go to the hospital but it’s only in Jacmel you can find a doctor but because of insecurity, you can’t travel.”

Focus Group with Women and Girls with Disabilities - La Vallée

These trends were consistent across communes and suggest that women and girls with disabilities were more likely to be economically disadvantaged when compared to women and girls without disabilities.

Disabilities inclusion and exposure to the program

The *Rethinking Power* program team worked on inclusion in their program activities, particularly through the engagement of people with disabilities in drama performances, specific recruitment, and retention efforts in girls’ groups, and by working on accessibility issues and social change with the community-based network of activists. Furthermore, the program sought to integrate violence prevention (e.g., quick chats on rebalancing

power, etc.) into everyday activities that community members engage in already and were close to their homes and in spaces they already needed to go. While this approach likely reduced mobility issues, accessibility, and exclusion did remain a challenge given that programming occurred as part of everyday community life from which women and girls with disabilities were often still excluded. In order to further break down these barriers, staff noted that they worked to adapt delivery modalities – such as integrating in door-to-door campaigns– to attempt to reach people who could not access community events. Staff also noted the efforts they made to engage parents of girls with disabilities (including home visits and multiple discussions) and other accommodations – such as changing girls’ group meetings spaces and inclusive program activities – to ensure girls with disabilities were able to access girls’ groups. However, they also indicated that efforts could have gone further to specifically support transport or accessibility issues, and to include women with disabilities as part of the community activist network from the beginning.

Women and girls with disabilities reported being aware of VAWG prevention programming in the community and attending activities organized in the community, though not all were aware of the *Rethinking Power* program overall despite efforts to raise awareness and specific initiatives to recruit women with disabilities. Interviews with key informants also brought up difficulties in the identification of women and girls with disabilities (for example, during recruitment of girls group participants) - a challenge compounded by the fact that not all disabilities are visible.



“Ms. G⁴ generally helps us to learn about violence perpetrated against girls through meetings that she organizes especially for us.”

Focus Group with Women and Girls with Disabilities – La Vallée



“I was invited to these meetings by my sister. I am told that this type of activity is mainly aimed at those who are dependent on others.”

Focus Group with Women and Girls with Disabilities – La Vallée



“... a few of us may not have heard of the program. They haven’t come to my town to discuss violence against disabled women and girls.”

Focus Group with Women and Girls with Disabilities – La Vallée

They also noted that additional constraints such as food and economic insecurity meant that people living in the community were focused on daily survival activities and did not always have the capacity to spend time attending project activities. Precarious economic circumstances of women and girls with disabilities, as well as

⁴ Names have been changed to protect confidentiality.

access barriers and exclusion from community life, generally, may have had specific effects on their capacities to engage with the program.

“Because they can’t walk, and they have no one to help them attend these activities [they cannot attend].”

Focus Group with Women and Girls with Disabilities – La Vallée

“A disabled person still has a say in the society. Because of their handicap, they are not sent an invitation to community activities and automatically they put that person to the side. But a disabled person has a role to play within society.”

Focus Group with Women and Girls with Disabilities – La Vallée

“First, insecurity often causes people not to come [to activities]. On the other hand, transportation is difficult for the person because she has no money to pay for transportation to the activity. And third, because of food insecurity, people who have families to feed, people who live day to day, are forced to devote themselves to other activities that allow them to feed their families, that’s why they don’t come to the activity.”

Key Informant – La Vallée

In addition, some program partners reflected concerns in some of the technical phrasing of terms related to disabilities (or lack of clear Creole translation from French terms) in the *Safe and Capable* materials, which sometimes left participants confused about discussion topics. This terminology reflected recommendations from local disability rights organizations and their preferences for French terminology when naming disabilities; further dialogue is needed about how to ensure preferred, respectful terminology is well understood and usable in community contexts. The need to innovate language is reflective of *Safe and Capable* being the first known community mobilization program focused on VAWG with disabilities in Haiti.

Safe and Capable: Community Level Outcomes

Attitudes and Beliefs about People with Disabilities

Change in social norms at community level was detected since there were improvements in the attitudes and beliefs surrounding people with disabilities. Overall, there was increased rejection of negative statements about people with disabilities and higher agreement of positive statements during the evaluation period, with substantial changes in some areas. For example, when asked whether they agreed that boys and girls with disabilities should go to school, about 94% of respondents (in general in the community) agreed at endline, compared to only 84% at baseline. In addition, in La Vallée at endline, about 79% of respondents agreed that people with disabilities feel emotional and physical pain just as other do, compared to about 58% at baseline.

Consistent with these large gains, in areas where there was near universal agreement before the program, there were still gains in the direction of program goals, albeit smaller. Rejection of the statement that it's ok to laugh at a person with a disability when they make a mistake rose from 97% to 99%. Similarly, overall, there was a 25% decrease in agreement that people with disabilities are only capable of performing menial tasks at work (from 20% agreement to 15%). There was no statistically significant difference in these beliefs between women with and without disabilities, nor by age, suggesting that exposure to *Safe and Capable* messaging was widespread and well accepted. However, attitudes also generally improved in the comparison commune (Marigot), which may be attributable to separate disabilities rights campaigns in Marigot, including regular radio programming produced by Pazapa Center, whose staff helped create and were trained in *Safe and Capable*, and programming from a local disability rights organization.

During focus groups and key informant interviews, community members (both people with and without disabilities) and stakeholders reported increased visibility, participation, and acceptance of women and girls with disabilities in community and school environments. These improvements were attributed both to increased confidence of women and girls with disabilities and improved knowledge of their rights – as well as improved attitudes and acceptance of people with disabilities among the wider community.

“Today, things have changed a little bit thanks to the activities of the *Rethinking Power* program, which have allowed people to see disability not as an evil but as a reality. People in the community are beginning to include people with disabilities in activities. And people with disabilities have learned to express their will.”

Girls' Group Mentor – La Vallée

“For women with disabilities, they used to stay in their little corners, and they didn't go out to participate in meetings. But recently, we became aware of what could cause a disability in someone and since then women with disabilities are involved in the community.”

Girls' Group Mentor – La Vallée

“Before [the program], disabled people were underestimated; the rest of the society didn't want to work with us as if we weren't considered to be a person. I notice a change about this - people are approaching us and we work together; we aren't being ignored like we used to be.”

Focus Group with Women and Girls with Disabilities – La Vallée

Importantly, stakeholders noticed how girls with disabilities who participated in the *Power to Girls* groups exhibited increased confidence and participation in community activities.

“At first, they [girls with disabilities] were afraid to speak out in the community or to show up as non-disabled people do, but now it's different. Girls with disabilities are integrated in all the activities of the La Vallée community, whether it's in the plays, reading poetry... They are now aware that they are equal to all other people.”

Girls' Group Mentor – La Vallée

Stakeholders also noted that through inclusion of girls with disabilities in girls' groups, parents also developed a better understanding of their daughters' rights and capabilities to participate in and contribute to their communities from the *Power to Girls* activities.

“About girls and women with disabilities... they did not stay among people because they were only kept at home... With the program, we have convinced parents of the rights of girls with disabilities to go to school and participate in business. The children with disabilities who participate in business get involved in society.”

Girls' Group Mentor – La Vallée

However, there were still concerns with how women with disabilities were viewed and treated in the community – in particular, mocking or verbal abuse from the community's youth – though some people with disabilities thought this had reduced due to efforts of the *Rethinking Power* team.

“People with disabilities must be always helped, but unfortunately, in my community, only people without disabilities are valued.”

Focus Group with Women and Girls with Disabilities – La Vallée

“I am used to seeing them [people with disabilities] mistreated, being made fun of when they move around. They always make fun of me also because I'm walking with a limp.”

Focus Group with Women and Girls with Disabilities – La Vallée

“She [a person with a disability] is mocked by young people and children without disabilities.”

Focus Group with Women and Girls with Disabilities – La Vallée



“Some young boys use to make fun of us - the disabled, but now this doesn’t happen anymore thanks to the activities they participate in have a positive change in their behaviors.”

Focus Group with Women and Girls with Disabilities – La Vallée

In some cases, women and girls with disabilities held more negative views of people with disabilities compared to the general population. For example, while the belief that people with disabilities should be prohibited from marrying someone decreased from 23% to 15% from baseline to endline overall, more women and girls with disabilities agreed with this statement (22%), compared to women and girls without disabilities (12%). This finding suggests that some negative attitudes are internalized among women and girls with disabilities and continuing work on building self-esteem and empowerment, and reducing barriers to full participation in all aspects of community life is needed.

Leadership and advocacy

Women and girls with disabilities also gained positions of leadership through their engagement with *Safe and Capable*. For example, three advocacy committees were created out of the *Rethinking Power* network (and led by/comprised of young women and girls) and have secured legal status, including a girl-led advocacy committee whose primary objective is increasing accessibility to community buildings. These groups are now leading their own prevention activities and have established advocacy objectives and plans.

Community members also recognized that more people were advocating for disability rights and inclusion and noted that some of these changes were translating into action, such as ramps being built in multiple schools to accommodate students who use wheelchairs. In interviews, change in accommodations in public spaces was noted as an outcome of *Safe and Capable's* community mobilization.



“They are now building some schools with ramps... to let the children enter easily in their wheelchairs. This is a change.”

Girls’ Group Mentor – La Vallée

These successes show that an inclusive community mobilization approach can not only impact issues of attitudes change and violence reduction, but can also provide a platform for community members, including women and girls with disabilities, to advocate and make change on wider societal issues that affect the ability to fully engage in public life.

Gender Attitudes and Acceptance of Violence

Overall, gender attitudes improved, and acceptance of violence decreased over the course of the program. For example, while 86% of women agreed that women and girls with disabilities have the right to live without violence at baseline, 95% agreed after the program was implemented. In addition, agreement that if a man rapes a woman with a disability, he is doing her a favor decreased from 9% to 3%. Slightly more women with disabilities (compared to those without) agreed with this statement, though agreement was low amongst both groups (5% and 2% respectively).

Gender attitudes and belief in equitable household gender roles also improved among women and girls with disabilities. For example, almost all (93%) respondents (women aged 15-64) agreed that men and women should share authority in the household at endline, up from 84% at baseline. This was further nuanced with qualitative data where participants spoke of expectations of equitable relationships when the woman has a disability. For example, in response to a hypothetical story about household relations, respondents reported that the husband [named Daniel in the hypothetical story presented] would help take care of household chores if his wife [Viona in the story] had a disability. They also noted that they would be able to work together to solve any problems they encountered in their relationship.

“Daniel would do all the chores in the house... Daniel would prepare the meals, go to the market because when you are blind you cannot do these things.”

Focus Group with Women and Girls with Disabilities – La Vallée

“They will do housework together. While Daniel is at one side of the house doing the housework, his wife Viona is at another side also doing her part of the work. That’s how to work together at home when you are in love.”

Focus Group with Women and Girls with Disabilities – La Vallée

Safe and Capable: Individual Level Outcomes

Mental health

Baseline data showed how women with disabilities in La Vallée were affected by severe psychological distress at more than twice the rate of those without disabilities. However, distress decreased from the baseline survey, despite widespread insecurity and uncertainty affecting the nation, community, and households. Severe distress decreased from 51% to 45% among women with disabilities, while the rate among women without disabilities remained steady (21% at baseline, 20% at endline). Rates of distress increased among women with disabilities in the Marigot comparison population by 6%, suggesting the positive effects of *Safe and Capable* on mental health.

Violence against Women and Girls⁵

VAWG decreased at the beginning of the *Rethinking Power* program in La Vallée, but the decrease levelled off or slightly increased during the period of insecurity, coinciding with the introduction of the *Safe and Capable* approach. The evaluation finds similar trends among women with and without disabilities – suggesting that *Safe and Capable* has promise to significantly reduce violence in the population if employed over a longer period, and/or a period marked by fewer crises.

⁵ All data is presented together for women and girls due to small sample sizes for 15-19 year-olds.

Intimate Partner Violence

At the beginning of the *Safe and Capable* activities, women and girls with disabilities in La Vallée reported similar rates of physical and/or sexual IPV in the past 12 months as their peers with no disabilities (15% and 16%, respectively). After the program, 10% of women and girls without disabilities and 15% of women with disabilities reported currently experiencing physical and/or sexual IPV. Assuming that baseline prevalence of violence among women and girls with disabilities was at least as high as the prevalence among the general population at baseline⁶ – likely a conservative assumption given that VAWG with disabilities is often higher than violence within the general population – we can see the full effect of the *Rethinking Power* program, complemented by *Safe and Capable* activities. Looking at this data, we documented a **35% decrease in violence (from 23% to 15%)** against women and girls with disabilities across the four years the *Rethinking Power* program was implemented. While decreases were also seen across this time period in the comparison site of Marigot, they were less than those documented in the implementation site (about a 20% decrease). Qualitative data supports the evidence that IPV decreased in La Vallée among women and girls with disabilities at endline.



“Men in my area do not hit women. Sometimes they have small disagreements, but they resolve them among themselves very peacefully. They respect each other.”

Focus Group with Women and Girls with Disabilities – La Vallée



“About the violence that women and girls have been subjected to in La Vallée, the rate has fallen... Men don’t raise their voices against us anymore.”

Focus Group with Women and Girls with Disabilities – La Vallée



⁶ Baseline data for the full Rethinking Power program – collected in 2017



Emotional and economic violence within the previous 12 months stayed the same or slightly increased in La Vallée among women and girls with disabilities between the two survey periods (emotional from 19% to 22% and economic from 14% to 15%). Emotional and economic violence among those without disabilities in La Vallée was similar (emotional about 17% and economic about 10%), though there was no change between the two survey periods in La Vallée. However, economic violence dramatically increased among women and girls with disabilities (more than doubling from 8% to 21%) in the comparison site of Marigot during this period – suggesting that *Safe and Capable* did have a protective effect during this period. In addition, if we take the overall program baseline (collected 2 years prior to the addition of the *Safe and Capable* activities among the wider population of women and girls – rather than specifically with women and girls with disabilities) then we can document an overall decrease in emotional (25% to 22%) and economic violence (17% to 15%) across the entire program.

The impact of *Safe and Capable* activities on women with disabilities' current experiences of IPV was not significant between the 2019 and 2021 surveys, as expected, given the multiple forms of insecurity experienced in Haiti during this period. Community conflict/gang violence, economic stress, and household food insecurity are all consistently associated with increased rates of IPV. Considering that women with disabilities experience higher rates of household food insecurity and economic stress (e.g., less employment and education levels), they are at increased vulnerability to the effects of violence than their peers who do not have disabilities. In addition, social isolation due to COVID increases rates of IPV and disproportionately impacts women with disabilities' health and well-being (Indian Women's Right Network, 2022; Sharma and Das, 2021). These insecurity factors also negatively affected programming implementation (e.g., safety concerns, restricting program activities, and inflation affecting the available budget for activities). In addition, partners noted that they had to shift attention to COVID-19 awareness for a couple of months, considering disproportionate

impacts on women and girls with disabilities, and while the intersections between VAWG and COVID-19 were explored in new materials, this impacted their ability to focus on violence prevention messaging during those months.

Non-Partner Violence

Despite concerns about violent gangs moving into the area, current non-partner sexual violence remained low among women in La Vallée. However, the evaluation found mixed results among the different types of non-partner violence in the community. In qualitative data with women and girls with disabilities, women noted that while harassment and violence has decreased, some violence was still ongoing and women and girls with disabilities were uniquely vulnerable.



“Now the harassment has reduced a bit but we're still being mocked, and we're still being beaten.”

Focus Group with Women and Girls with Disabilities - La Vallée



“Because disabled people can't fight someone who is forcing them to have sex - that person is weak... and has no way to defend herself.”

Focus Group with Women and Girls with Disabilities - La Vallée

In La Vallée, past year NPSV (with physical contact)⁷ among women and girls with disabilities decreased from 15% at baseline to 5% at endline, though similar declines were also seen in the comparison site of Marigot (12% at baseline to 5% at endline). Past year rape remained steady at 2% of women without disabilities and declined slightly among women with disabilities (5% at baseline compared to 4% at endline). Unwanted sexual touching slightly increased or stayed the same among both groups, rising from 2% to 4% among those without disabilities and remaining 4% for women and girls with disabilities. Though both groups reported sexual harassment at similar rates pre-program (about 8%), the evaluation found that women with disabilities had a slight decrease (to 6%) in reported sexual harassment while their peers without disabilities reported an increase from 8% to 11% between the two time periods. In interpreting these findings, in addition to the impact of the program, it should be noted that insecurity often kept people out of public spaces where NPSV risk was increased. As similar declines were seen among rates of violence in the comparison commune (Marigot), it is possible that some of these external factors may have influenced results.


While there have been improvements in the areas addressed by *Rethinking Power*, community members interviewed called attention to other forms of abuse and harassment not captured by surveys (including disability stigma and psychological abuse). One key informant described “newcomers” (presumably gang members who relocated from Port-au-Prince) making attempts to exploit girls whose families have been affected by the insecurity. Another interviewee, a woman with a disability, described being harassed by boys (also “newcomers”) shouting insults about her disability – suggesting intersections between the migration of

⁷ NPSV with physical contact includes rape, attempted rape and unwanted sexual touching.


gang members from Port-au-Prince to La Vallée and this non-partner violence. In addition, as described above in the section on attitudes and beliefs, verbal abuse, and mocking people with disabilities were still occurring in the community – particularly from children. Other forms of non-partner violence – such as violence perpetrated by caregivers – was not specifically brought up by respondents (and was not explicitly asked about during qualitative data collection as ethical concerns prevented queries about specific experiences of violence during group discussions) but could also have been occurring amongst this population. Further research efforts examining how violence prevention programming affects women and girls with disabilities should ensure disability-specific abuse (e.g., violence by caregivers) is specifically measured as part of quantitative surveys.

Support for Women Experiencing Violence

Perceived social support and help-seeking increased among women and girls with disabilities. If a woman or girl was experiencing violence, many respondents reported that they had options and would be supported to report and seek help. Overall, community perceptions were that VAWG with disabilities was unacceptable and that community institutions – as well as family and friends – should play an active role in advocating for their safety and wellbeing.

 “I would tell the wife to leave her husband... if she is being abused. I would also tell the woman to file a complaint with the judicial authorities...”

Focus Group with Women and Girls with Disabilities - La Vallée

 “As a disabled person, she will be helped because it is unacceptable to tolerate a person raping a disabled girl. These people should be imprisoned for their crime.”

Focus Group with Women and Girls with Disabilities - La Vallée

Perceived social support for women and girls seeking to leave violent relationships can have an impact on reducing rates of VAWG (e.g., secondary prevention). Improved informal support from friends and family – including a recognition that VAWG with disabilities is unacceptable and should be stopped – was a clear success of the program. External constraints (e.g., turnover at local governmental offices) affected the ability of the program to strengthen more formal services beyond trainings for specific providers, some of whom turned over or left the country. Ongoing efforts of advocacy committees born from the community network in La Vallée may impact these over a longer period; key informants agreed further effort is still needed in this area.

Conclusions and Recommendations

Disability and gender transformative programming – such as *Safe and Capable*– can have positive individual and community outcomes for women and girls with disabilities and reduce experiences of VAWG. This evaluation found that *Safe and Capable* had positive impacts on the mental health, visibility, and community participation of women and girls with disabilities. In addition, quantitative and qualitative data revealed shifting attitudes and decreased stigma towards women with disabilities, a shift to more equitable gender roles within households, and increases in women with disabilities' perceived support and help-seeking behavior. Furthermore, inclusion of girls with disabilities into aspects of the wider *Rethinking Power/Power to Girls* programming demonstrates a positive impact of integrating disability inclusion in violence prevention programming and overall – from the start of the *Rethinking Power* implementation – a 35% decrease in IPV against women and girls with disabilities⁸ was documented. This demonstrates the impact that can be achieved when women and girls with disabilities are integrated into community mobilization programs, even where accessibility issues may decrease impact compared to that of the general population. Importantly, this result was achieved even while the context (COVID-19, insecurity, economic, and political instability) was deteriorating and program delivery was curtailed

due to security issues, closures of schools, etc. As these external factors may have particularly impacted women and girls with disabilities, and evaluation data demonstrated this group experienced more food and economic insecurity, the successes documented in this evaluation are particularly notable.

In this evaluation, *Safe and Capable* has also demonstrated an ability to shift social norms and community attitudes about women and girls with disabilities. That said, entrenched gender discrimination and disability stigma means that affecting change will require continued intentional inclusion of women with disabilities in existing VAWG prevention programming. While some of challenges that people with disabilities face might be beyond the financial means or scope of a program such as *Rethinking Power* (for example, accessible housing, employment opportunities, public transport), working with women and girls to take up leadership positions where they can advocate and create change around issues that are important to



⁸ Assuming that the prevalence of IPV for women and girls with disabilities was the same (or worse) than our community-wide estimate of IPV for all women and girls

them while promoting activism and understanding of people without disabilities to join in these efforts, was an essential avenue that *Safe and Capable* utilized. For example, the continued efforts of the three community advocacy committees created out of the *Rethinking Power* program's network and their ongoing engagement on accessibility and disability rights as well as VAWG prevention will continue to be important – even after the program ends. While disability inclusion was a consideration of *Safe and Capable*, more work needs to be done to increase advocacy for disability rights and reduce environment barriers that prevent the full participation of women and girls with disabilities in community life and all programming aspects. Working at policy level with local partners and implementing organizations – and through community advocacy committees - can help facilitate more inclusive community environments.

Key recommendations that emerged from the study and the implementation of *Safe and Capable*:

Ensure there is a long enough (typically a minimum of three years) implementation period to create community-level change:

Shifting norms and behaviors can take time – particularly among populations with intersecting vulnerabilities such as women and girls with disabilities – and ensuring there is appropriate set up time to build connections, awareness, and planning (particularly for activities that take place in institutions such as schools) is essential for program success.

Engage women and girls with disabilities proactively:

- Hire staff who are women and girls with disabilities.
- Consider having a paid accountability consultant to help guide the work on VAWG with disabilities and who has experience in both, as well as an advisory panel comprised of people with disabilities who can review all tools and methods and ensure they are appropriate in each context before use, and to provide advice and guidance throughout implementation.
- Consider hiring local researchers with disabilities to facilitate data collection, being careful to ensure training and agreements on confidentiality.
- Ensure inclusion of women and girls with disabilities into the community network of activists, leaders, Girls' Group Mentors, etc.
- Work with women and girls with disabilities to consider how to remove barriers to participation in community events/activities (e.g., support for transport to community events, etc.) to foster participation.

Train the team:

Facilitate disability awareness training for staff, partners, the community network, and local researchers (*Note: See training materials from Safe and Capable*) to increase understanding of key issues people with disabilities face and work proactively to reduce barriers to participation and treat all participants with dignity and respect.



Work towards full accessibility:

- Ensure inclusive recruitment methods (such as outreach and home visits to women and girls with disabilities to ensure ongoing consent and independent participation).
- Facilitate reasonable accommodation and accessibility for effective participation (e.g., wheelchair access to focus group locations, quality sign language interpretation in interviews or focus groups, having large print or easy-to-read written materials, etc.).
- Ensure reasonable accommodation and accessibility of services to which you will refer women who have experienced violence, as needed (Note: See “*Evaluating Accessibility of Community Services*” in Safe and Capable.)
- Consider the limitations to confidentiality that may be possible when using interpreters or guides, and ensure they uphold the ethics of their professions around confidentiality and respect.

Be inclusive in learning and assessment efforts:

- Make informed consent a continuous process, reminding participants of the right to withdraw their participation at any time without fear of negative consequences (Note: *Do not assume women and girls with mental disabilities cannot provide consent. Every effort should be made to explain, use different methods to achieve clarity and make consent possible for women with minor mental disabilities. However, if informed consent cannot be given because the person does not have the capacity to understand the potential outcomes of their sharing, the person should not be included as a participant*).
- Offer the opportunity for participants to review transcripts or notes before finalizing data collection, or have participants review the final report before publication to ensure accurate representation. Provide support as needed to ensure this opportunity is accessible to all participants. Report review is another role that could be fulfilled by an advisory panel of women and girls with disabilities or local disability rights activists to ensure that the interpretation or portrayal of analyses is accurate and does not reinforce discrimination, stigma or stereotypes about women and girls with disabilities.
- Measure disability-specific information in VAWG research, that may not be captured in mainstream surveys/using existing violence measures. Ensure forms of violence such as caregiver violence are included in measurement tools and that question sets such as the Washington Group questionnaire are included in all data collection to allow for data disaggregation.

Support women and girls with disabilities to speak out and be leaders in their communities on issues that affect them:

- Enhance social support and civic engagement of women and girls with disabilities to influence their involvement and interaction with the community.
- Work with women and girls with disabilities when designing and implementing programming to reduce disabilities and VAWG.
- Work with and through community-organizations run by and for people with disabilities themselves to affect change within these groups.

Monitor individual, community, and structural (access) impacts of programming and use these as advocacy points to create further community change:

Use successes – particularly those generated by community advocacy committees or by local partners – as entry points to advocate for further change.



As demonstrated by *Safe and Capable*, it is essential for violence prevention programming to consider and include the needs and perspectives of women and girls with disabilities in design and implementation. Evidence shows that women with disabilities can benefit from being included in mainstream violence prevention interventions (Chirwa et al., 2020). *Safe and Capable* sought to facilitate this inclusion into VAWG prevention efforts through purposive outreach and recruitment, including disability assessments (e.g., the Washington Group questions) in evaluation instruments to allow for disaggregated data, including disability rights awareness modules in community awareness activities, and challenging community norms around disability/disability stigma. Ultimately, it is essential to include women and girls with disabilities into all aspects of programming because when they are active stakeholders in program design and delivery, they will be more likely to experience the benefits of VAWG prevention programming.

In addition, *Safe and Capable* has also been a success in its efforts to bring together the largely disparate disability rights and VAWG communities in Haiti. The approach utilized by staff to develop the *Safe and Capable* materials and deliver the programming has brought together organizations working VAWG and disabilities rights in collaborations that are both new and innovative in Haiti. *Safe and Capable* also continues to build community and knowledge around these issues and more than fourteen organizations doing VAWG or disability rights work in the country have been trained and six organizations are scaling up *Safe and Capable* as part of their implementation of *SASA!* or *Power to Girls*. Much of this success was credited to the active engagement of the program's Accountability Consultant and her ability to draw together the two movements (disability rights and VAWG prevention), which has sparked change such as advocacy for more inclusive hiring, seeking of partnerships with local disability rights organizations, ensuring office accessibility and accommodations, staff seeking to learn sign language, etc. These successes suggest that the full impact of *Safe and Capable* is just beginning to be seen.

Overall, the results of this evaluation demonstrate the effectiveness of *Safe and Capable* and that the intentional inclusion of women and girls with disabilities into violence prevention programming can result in real improvements in their lives. While the pilot nature of this iteration of *Safe and Capable* (including its introduction halfway into the implementation of a wider VAWG prevention effort) may have reduced some of the impact this evaluation was able to document, the evidence here suggests positive changes are being made in the lives of women and girls with disabilities and that the growing community of VAWG and disabilities rights activists in Haiti will continue to push these issues and ensure that violence prevention programming is inclusive and effective for all women and girls.

References

- Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., Musuya, T., Michau, L., & Watts, C. (2014). Findings from the SASA! Study: A cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine*, 12(1), 1–17. <https://doi.org/10.1186/S12916-014-0122-5/TABLES/5>
- Baart, J., & Taaka, F. (2017). Barriers to healthcare services for people with disabilities in developing countries: A literature review. In *Disability, CBR and Inclusive Development* (pp. 26–40). <https://doi.org/10.5463/DCID.v29i4.656>
- Banks, L. M., Kelly, S. A., Kyegombe, N., Kuper, H., & Devries, K. (2017). “If he could speak, he would be able to point out who does those things to him”: Experiences of violence and access to child protection among children with disabilities in Uganda and Malawi. <https://doi.org/10.1371/journal.pone.0183736>
- Bourassa, A., Murphy, M., Wilson, R., & Contreras-Urbina, M. (2022). Shifting Power and Reducing Violence in Haiti: Initial Results of an Impact of the Rethinking Power and Power to Girls Programs in Southeast Haiti.
- Breiding, M. J., Basile, K. C., Kleven, J., & Smith, S. G. (2017). Economic Insecurity and Intimate Partner and Sexual Violence Victimization. *American Journal of Preventive Medicine*, 53(4), 457–464. <https://doi.org/10.1016/j.amepre.2017.03.021>
- CDC. (2014). Fast Facts: Preventing Child Sexual Abuse | Violence Prevention | Injury Center | CDC. <https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html>
- Contreras-Urbina, M., Ovince, J., Bourassa, A., & Rojas, E. (2021). Rethinking Power Program Evaluation in Southeast Haiti.
- Curry, M. A., Renker, P., Hughes, R. B., Robinson-Whelen, S., Oswald, M., Swank, P. R., & Powers, L. E. (2009). Development of Measures of Abuse Among Women With Disabilities and the Characteristics of Their Perpetrators: <http://Dx.Doi.Org.Proxygw.Wrlc.Org/10.1177/1077801209340306>. <https://doi.org/10.1177/1077801209340306>
- Devries, K. M., Kyegombe, N., Zuurmond, M., Parkes, J., Child, J. C., Walakira, E. J., & Naker, D. (2014). Violence against primary school children with disabilities in Uganda: A cross-sectional study. *BMC Public Health*, 14(1), 1–9. <https://doi.org/10.1186/1471-2458-14-1017/TABLES/4>
- Dunkle, K., Van Der Heijden, I., Stern, E., & Chirwa, E. (2018). Disability and Violence against Women and Girls 1 Disability and Violence against Women and Girls Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme.
- Chirwa E, Jewkes R, Van Der Heijden I, Dunkle K. Intimate partner violence among women with and without disabilities: A pooled analysis of baseline data from seven violence-prevention programmes. *BMJ Global Health*. 2020;5(11):e002156. <http://gh.bmj.com/content/5/11/e002156.abstract>. doi: 10.1136/bmjgh-2019-002156.

- Fang, Z., Cerna-Turoff, I., Zhang, C., Lu, M., Lachman, J. M., & Barlow, J. (2022). Global estimates of violence against children with disabilities: an updated systematic review and meta-analysis. *The Lancet Child & Adolescent Health*, 6(5), 313–323. [https://doi.org/10.1016/S2352-4642\(22\)00033-5](https://doi.org/10.1016/S2352-4642(22)00033-5)
- Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., Jewkes, R., Fulu, E., Warner, X., Miedema, S., Roselli, T., Lang, J., Naved, R. T., Huque, H., Farah, S., Shuvra, M. M. R., Erken, A., Xiangxian, W., Gang, F., ... Johnson, S. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 5(5), e512–e522. [https://doi.org/10.1016/S2214-109X\(17\)30103-1](https://doi.org/10.1016/S2214-109X(17)30103-1)
- Hatcher, A. M., Stöckl, H., McBride, R. S., Khumalo, M., & Christofides, N. (2019). Pathways From Food Insecurity to Intimate Partner Violence Perpetration Among Peri-Urban Men in South Africa. *American Journal of Preventive Medicine*, 56(5), 765–772. <https://doi.org/10.1016/j.amepre.2018.12.013>
- Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Miktor, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*, 379, 1621–1629. [https://doi.org/10.1016/S0140-6736\(11\)61851-5](https://doi.org/10.1016/S0140-6736(11)61851-5)
- Human Rights Watch. (2020). World Report 2020: Haiti. <https://www.hrw.org/world-report/2020/country-chapters/haiti>
- Indian Women's Right Network. (2022). COVID-19 and the increase of domestic violence against women. <https://www.ohchr.org/sites/default/files/2022-01/india-womens-r-network.pdf>
- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., & Shakespeare, T. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), 899–907. [https://doi.org/10.1016/S0140-6736\(12\)60692-8](https://doi.org/10.1016/S0140-6736(12)60692-8)
- Kessler, R. C., Greif Green, J., Gruber, M. J., Sampson, N. A., Bromet, E., Cuitan, M., Furukawa, T. A., Gureje, O., Hinkov, H., Lara, C., Lee, S., Mneimneh, Z., Myer, L., Oakley-browne, M., Posada-villa, J., Sagar, R., Carmen Viana, M., & Zaslavsky, A. M. (2011). Erratum Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research Int. J. Methods Psychiatr. Res*, 19(S1), 62. <https://doi.org/10.1002/mpr.333>
- Kett, M., & vanOmmeren, M. (2009). Disability, conflict, and emergencies. *The Lancet*, 374(9704), 1801–1803. [https://doi.org/10.1016/S0140-6736\(09\)62024-9](https://doi.org/10.1016/S0140-6736(09)62024-9)
- Mendoza, J. A. (2012). Violence Against Women in Latin America and the Caribbean: A Comparative Analysis of Population-Based Data from 12 Countries. <https://www.researchgate.net/publication/258874187>
- Muluneh, M. D., Francis, L., Agho, K., & Stulz, V. (2021). A systematic review and meta-analysis of associated factors of gender-based violence against women in sub-Saharan Africa. In *International Journal of Environmental Research and Public Health* (Vol. 18, Issue 9). MDPI AG. <https://doi.org/10.3390/ijerph18094407>
- Obert, J. (2019a). Briefing: Haiti's new crisis and the humanitarian risks. *The New Humanitarian*. <https://www.thenewhumanitarian.org/news/2019/02/19/briefing-haiti-s-new-crisis-and-humanitarian-risks>

- Obert, J. D. (2019b). Food and medical aid under threat as Haiti protests worsen. The New Humanitarian. <https://www.thenewhumanitarian.org/news/2019/10/07/food-and-medical-aid-under-threat-haiti-protests-worsen>
- OCHA. (2020). Haiti : Tropical Storm Laura. Situation Report No.4. 4, 1–2.
- Shakespeare, T., Ndagire, F., & Seketi, Q. E. (2021). Triple jeopardy: disabled people and the COVID-19 pandemic. The Lancet, 397(10282), 1331–1333. [https://doi.org/10.1016/S0140-6736\(21\)00625-5](https://doi.org/10.1016/S0140-6736(21)00625-5)
- Sharma, M & Das, N. (2021). 'Invisible Victims' of Violence: A Gender and Disability Perspective of Coronavirus in India. <https://www.epw.in/engage/article/invisible-victims-violence-gender-and-disability>
- Somani, R., Corboz, J., Karmaliani, R., Chirwa, E. D., Mcfarlane, J., Maqbool, H., Khuwaja, A., Asad, N., Somani, Y., Van Der Heijden, I., & Jewkes, R. (2020). Peer victimization and experiences of violence at school and at home among school age children with disabilities in Pakistan and Afghanistan. <https://doi.org/10.1080/16549716.2020.1857084>
- The Washington Group. (2019). The Washington Group Short Set on Functioning (WG-SS). <http://www.washingtongroup-disability.com/>.
- United Nations General Assembly. (1993). *The Declaration on the Elimination of Violence against Women (A/RES/48/104)*.
- UNICEF. (2022). UNICEF Haiti Humanitarian Situation Report. <https://reliefweb.int/report/haiti/unicef-haiti-humanitarian-situation-report-end-year-2021>
- UNOCHA. (2020). Haiti : Tropical Storm Laura - Situation Report No. 4. <https://2021.gho.unocha.org/inter-agency-appeals/latin-america-and-caribbean/>
- van der Heijden, I., & Dunkle, K. (2017). What Works Evidence Review: Preventing violence against women and girls with disabilities in lower-and middle-income countries (LMICs).
- World Health Organization [WHO]. (2012). Violence information. <https://apps.who.int/violence-info/intimate-partner-violence/#:~:text=Intimate%20partner%20violence%20refers%20to,and%20former%20spouses%20and%20partners>
- WHO. (2012). Violence against women. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- WHO. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. <https://apps.who.int/iris/handle/10665/85239>
- WHO. (2021). Disability and health. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
- World Food Programme. (2022). Haiti Country Brief (Issue April).



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