Evidence Accelerator Brief Series

Self-reported disability and intimate partner violence among women in North Kivu, Democratic Republic of the Congo

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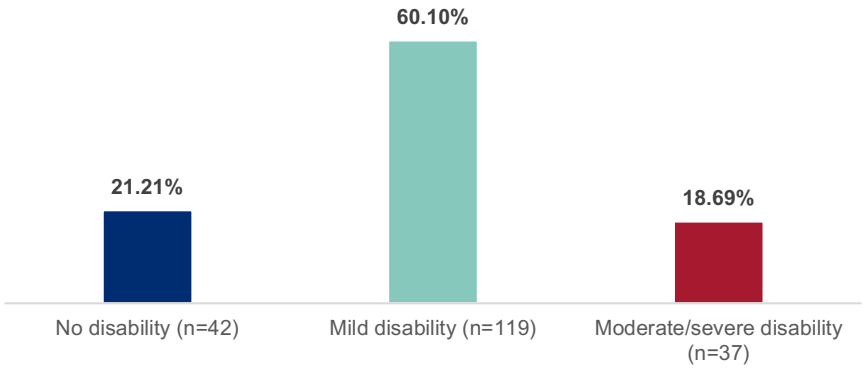
Why This Matters

- Gender norms and disability-related social norms, as intersecting forms of discrimination, may put women and girls with disabilities at increased risk of gender-based violence (GBV).[1,2]
- Women living in conflict areas have a high risk of intimate partner violence (IPV), or GBV perpetrated by a current or former partner. There is limited research on IPV and disability in certain contexts, particularly in conflict areas, including North Kivu, Democratic Republic of the Congo (DRC).[3]
- A Handicap International study, which included 400 people living with a disability who were directly affected by humanitarian crises, found that 33% of women experienced GBV. Those with intellectual and sensory impairments were particularly subjected to abuse in crises.[4]
- Although there is growing recognition of the intersection between disability and GBV, humanitarian responses often lack consideration for the diverse experiences of women and girls with disabilities, resulting in their exclusion from GBV programs.[2]

Key Findings

In the North Kivu, DRC sample (n=198), 79% of women reported having a disability. Approximately 19% had a moderate or severe disability, 60% had a mild disability, and 21% indicated they had no disability.

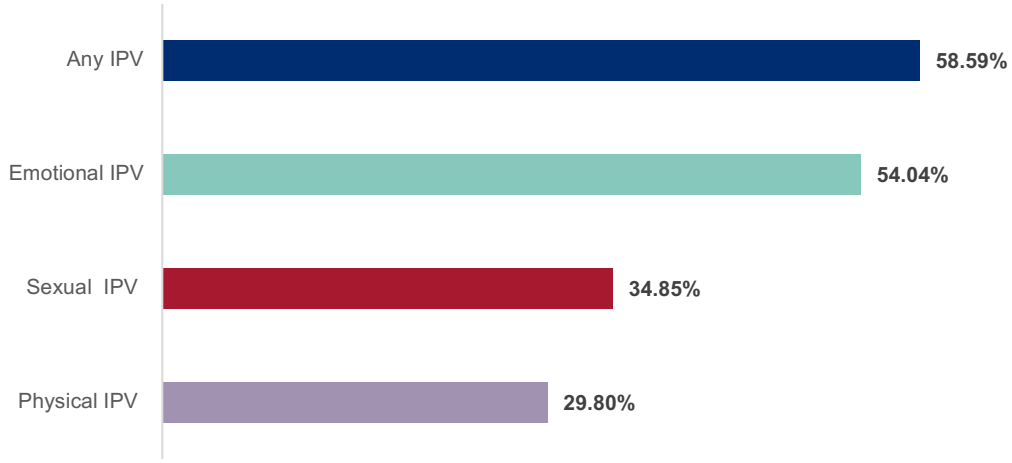
Figure 1: Disability status[1] among a sample of women in North Kivu, DRC (n=198)



IPV was high, with nearly 60% of women reporting at least one experience of IPV in the past three months.

- Emotional IPV was the most common form of IPV experienced (54%).
- Slightly over one-third of women experienced sexual IPV in the past three months (35%).
- Nearly 30% of women experienced physical IPV in the past three months.

Figure 2. Prevalence of past three-month IPV, overall and by IPV type, among a sample of women in North Kivu, DRC (n=198)

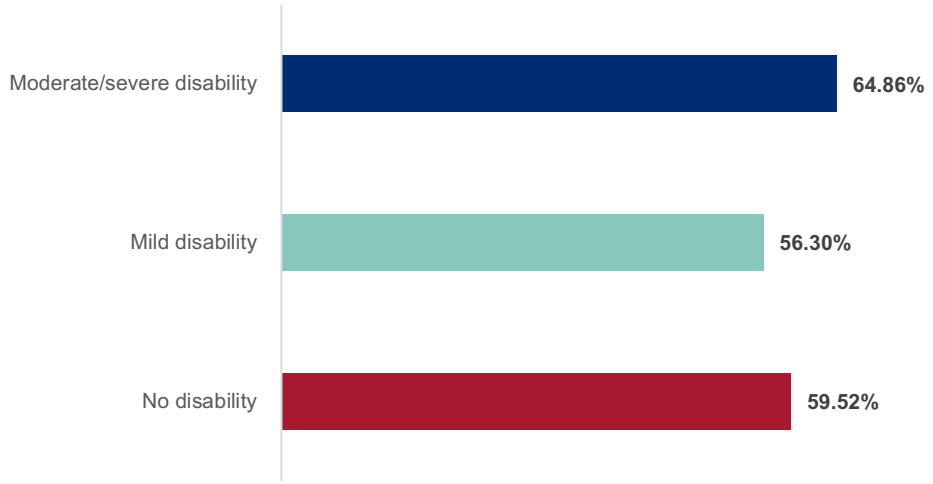


[1] Disability status was defined by applying the Washington Group Short Set of Questions, assessing functional limitation in six domains of seeing, hearing, walking, remembering, self-care, and communication.

The prevalence of past-three-month IPV remained high across disability status.

- IPV was slightly higher among individuals with moderate or severe disability (64.86%) as compared to those with mild (56.30%) or no disability (59.52%), though not statistically significant.

Figure 3: Prevalence of past three-month IPV by disability status among a sample of women in North Kivu, DRC (n=198)



There were significant differences in gender norms and disability attitudes between women with and without IPV.

- Those who experienced IPV reported more inequitable gender norms compared to those with no IPV, with a summary score of 15.59 and 18.05 for those without IPV and with IPV, respectively.
- Similarly, those who experienced IPV reported more negative attitudes towards individuals with disabilities compared to those with no IPV, with a summary score of 9.95 and 11.34 for those without IPV and with IPV, respectively.

Table 1: Relationship of IPV experience with self-reported gender norms and disability attitudes, among a sample of women in North Kivu, DRC (n=198)

	No IPV Mean (SD)	**IPV** Mean (SD)	p-value
Summary score of gender norms[2]	15.59 (4.56)	18.05 (3.43)	<0.001
Summary score of disability attitudes[3]	9.95 (5.11)	11.34 (3.94)	0.0325

Action Steps

- Given the high prevalence of IPV overall, humanitarian actors need to ensure there are adequate GBV response services in North Kivu.
- GBV service providers and practitioners should consider tactics for addressing harmful gender norms and disability attitudes which appear to play a role in women's IPV experiences.
- Although IPV was similarly high for those with and without a disability, service providers should consider how IPV response needs, and causes of IPV, may differ by disability status.
- Additional research is needed to understand the drivers of IPV in conflict settings, including continued focus on disability status and potential barriers to care.

Methods

This analysis used cross-sectional baseline data from the International Rescue Committee's (IRC) 'Safe at Home' program, a pilot program that sought to address violence against women and children in the home. Data were collected in 2018 by the IRC in North Kivu, Democratic Republic of Congo (DRC).

The study included a sample of 198 married women who participated in the Safe at Home program. The mean age of participants was 32.03 years (SD: 8.71 years). The majority of participants reported having no formal education (43%) or a primary level of education (42%). Only 9% were currently displaced; among those, nearly 90% had been displaced for 1-3 years.

[2] The gender norms summary score is comprised of 11 Likert scales items (i.e. There are times when a woman deserves to be beaten), each with the following response options: agree, partially agree, disagree. The score ranges from 0 to 22, with response options assigned a value and summed across all 11 items. A higher score indicates more inequitable gender norms.

[3] The disability attitudes summary score is comprised 11 Likert scales items (i.e. It is natural for a man to beat his wife with a disability because she cannot be a good wife), each with the following response options: strongly agree, agree, disagree, strongly disagree. The score ranges from 0 to 22, with response options assigned a value and summed across all 11 items. A with a higher score indicates more inequitable disability attitudes.

The exposure variable was self-reported disability, defined by any functional limitation in the following six domains: seeing, hearing, walking, remembering, self-care, and communication. For each domain, participants reported no disability, mild disability, or moderate/severe disability. The outcome variable was any intimate partner violence within the past three months (emotional, physical, or sexual IPV). The relationship between disability and IPV was analyzed using bivariate analysis.

Suggested citation:

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